| Image# | 202404 | 159627 | 893597 |
|--------|--------|--------|--------|
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FEC FORM 3X

Γ

04/15/2024 14 : 53

PAGE 1 / 302

# **REPORT OF RECEIPTS** AND DISBURSEMENTS For Other Than An Authorized Committee

|     |   |                   |  |                      |                                |                     |             | Office Us                        | se Only            |   |
|-----|---|-------------------|--|----------------------|--------------------------------|---------------------|-------------|----------------------------------|--------------------|---|
| 1.  | NAME OF<br>COMMITTEE (in f                        |                   | e or print ▼                                 |                      | mple: If typir<br>r the lines. | ng, type            | 12FE4       | M5                               |                    |   |
| S   | elect Medical                                     | Corporatio        |  |                      |                                |                     |             |                                  |                    |   |
|     |   |                   |  |                      |                                |                     |             |                                  |                    |   |
| ADE | DRESS (number and                                 |                   | 714 Gettysburg Road                          |                      |                                |                     |             |                                  |                    |   |
| Ľ   | Check if differ<br>than previous<br>reported. (AC | ly i N            | //echanicsburg                               |                      |                                |                     | PA          | 17055                            |                    |   |
| 2.  | FEC IDENTIFICA                                    | TION NUMB         | ER ▼   | CITY <b>A</b>        |                                | S                   | STATE 🔺     |                                  | ZIP CODE           |   |
|     | C C00546119                                       |                   |  | 3. IS THIS<br>REPORT |                                | NEW<br>N) <b>OR</b> | $\sim$      | AMENDED<br>(A)                   |                    |   |
| 4.  | TYPE OF REP<br>(Choose One)                       | ORT (             | b) Monthly<br>Report<br>Due On:              | Feb 20 (M2)          |                                | May 20 (M5)         | A           | ug 20 (M8)                       | ()                 | lov 20 (M11)<br>Ion-Election<br>ear Only) |
|     | (a) Quarterly Repo                                | orts:             | Due On.                                      | Mar 20 (M3)          |                                | Jun 20 (M6)         |             | ep 20 (M9)                       | (N<br>Ye           | lon-Election<br>ear Only)                 |
|     | April 15<br>Quarterly                             | Report (Q1)       | (c) 12-Dav                                   | Apr 20 (M4)          |                                | Jul 20 (M7)         |             | oct 20 (M10)                     |                    | an 31 (YE)                                |
|     | July 15<br>Quarterly                              | Report (Q2)       | (C) 12-Day<br>PRE-Electio<br>Report for tl   |                      | Primary (12F                   |                     | 1           | ral (12G)                        |                    | unoff (12R)                               |
|     | October 1<br>Quarterly                            | 5<br>Report (Q3)  |  | lie.                 | Convention (                   | 120)                | Speci       | al (12S)                         |                    |   |
|     | X January 3<br>Year-End                           | 31<br>Report (YE) | E  | Election on          | M M /                          | D D /               | YYYY        | Y                                | in the<br>State of |   |
|     | July 31 M<br>Report (N<br>Year Only               | lon-election      | (d) 30-Day<br><b>POST</b> -Electi            |                      | General (300                   | ā)                  | Runof       | ff (30R)                         | S                  | pecial (30S)                              |
|     | Terminatio<br>(TER)                               | on Report         | Report for th                                | Election on          | M M /                          | D D /               | Y Y Y Y     | Y                                | in the<br>State of |   |
| 5.  | Covering Period                                   | 07                |  | 023                  | through                        | 12 M                | / D D<br>31 | / Y Y<br>202                     | 23                 |   |
|     | rtify that I have exa<br>e or Print Name of       | N.                | eport and to the be<br>Valters, William, , , | est of my know       | wledge and I                   | belief it is true   | e, correct  | and complet                      | e.                 |   |
|     | nature of Treasurer                               | Walters, V        | Villiam, , ,                                 |                      |                                | Da                  | ate 04      | 4 <sup>M</sup> / <sup>D</sup> 15 |                    | 2024 Y                                    |
| NOT | TE: Submission of fa                              | lse, erroneous    | , or incomplete inform                       | mation may su        | bject the pers                 | son signing th      | is Report t | o the penaltie                   | es of 52 U         | .S.C. § 30109                             |
| L   | Office<br>Use<br>Only                             |                   |  |                      |                                |                     |             |                                  | FORM<br>ev. 05/201 |   |

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

| •   | OF<br>FEC Form 3X (Rev. 05/2016)   | RECEIPTS AND DISBURSEMENTS       | Page <b>2</b>                     |
|-----|--|----------------------------------|-----------------------------------|
| ۷   | Vrite or Type Committee Name   |                                  |                                   |
|     | Select Medical Corporation PAC   |                                  |                                   |
| F   | Report Covering the Period: From: 07   | / D D / Y Y Y Y<br>01 / 2023 To: | M M / D D / Y Y Y Y<br>12 31 2023 |
|     | _  | COLUMN A<br>This Period          | COLUMN B<br>Calendar Year-to-Date |
| 6.  | (a) Cash on Hand<br>January 1, 2023  | [                                | 154887.73                         |
|     | (b) Cash on Hand at<br>Beginning of Reporting Period   | 63352.49                         |                                   |
|     | (c) Total Receipts (from Line 19)  | 187766.67                        | 309981.43                         |
|     | <ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul> | 251119.16                        | 464869.16                         |
| 7.  | Total Disbursements (from Line 31)   | 146000.00                        | 359750.00                         |
| 8.  | Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d))   | 105119.16                        | 105119.16                         |
| 9.  | Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)                         | 0.00                             |                                   |
| 10. | Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)                         | 0.00                             |                                   |

Х

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

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

### DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

### Select Medical Corporation PAC

| Report Covering the Period: From: 07         | 04 0000                                  | o: 12 / D D / Y Y Y Y<br>12 31 / 2023 |
|--|--|---------------------------------------|
| I. Receipts                                  | COLUMN A<br>Total This Period            | COLUMN B<br>Calendar Year-to-Date     |
| . Contributions (other than loans) From:     |  |                                       |
| (a) Individuals/Persons Other                |  |                                       |
| Than Political Committees                    | 400050.04                                | 200007.40                             |
| (i) Itemized (use Schedule A)                | 186958.94                                | 299827.13                             |
|  |  | 1015100                               |
| (ii) Unitemized                              | 807.73                                   | 10154.30                              |
| (iii) TOTAL (add                             |  | 200081 42                             |
| Lines 11(a)(i) and (ii)                      | 187766.67                                | 309981.43                             |
|  | 0.00                                     | 0.00                                  |
| (b) Political Party Committees               | 0.00                                     |                                       |
| (c) Other Political Committees               | 0.00                                     | 0.00                                  |
| (such as PACs)                               |  |                                       |
| (d) Total Contributions (add Lines           |  |                                       |
| 11(a)(iii), (b), and (c)) (Carry             | 187766.67                                | 309981.43                             |
| Totals to Line 33, page 5)▶                  | 10//00.0/                                |                                       |
| . Transfers From Affiliated/Other            | 0.00                                     | 0.00                                  |
| Party Committees                             | 0.00                                     |                                       |
|  | 0.00                                     | 0.00                                  |
| . All Loans Received                         | 4. |                                       |
|  | 0.00                                     | 0.00                                  |
| . Loan Repayments Received                   | 0.00                                     | 0.00                                  |
| . Offsets To Operating Expenditures          |  |                                       |
| (Refunds, Rebates, etc.)                     | 0.00                                     | 0.00                                  |
| (Carry Totals to Line 37, page 5)            | 0.00                                     | 0.00                                  |
| . Refunds of Contributions Made              |  |                                       |
| to Federal Candidates and Other              |  | 0.00                                  |
| Political Committees                         | 0.00                                     | 0.00                                  |
| Other Federal Receipts                       |  | 0.00                                  |
| (Dividends, Interest, etc.)                  | 0.00                                     | 0.00                                  |
| . Transfers from Non-Federal and Levin Funds |  |                                       |
| (a) Non-Federal Account                      | 0.00                                     | 0.00                                  |
| (from Schedule H3)                           | 0.00                                     | 0.00                                  |
|  | 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                                  |
|  |  |                                       |
| . Total Receipts (add Lines 11(d),           |  |                                       |
| 12, 13, 14, 15, 16, 17, and 18(c))           | 187766.67                                | 309981.43                             |
|  |  |                                       |
| Total Federal Receipts                       |  |                                       |

 187766.67

Page 3

## DETAILED SUMMARY PAGE

of Disbursements

| FEC Form 3X (Rev. 05/2016)   | of Disbursements              | Page 4                            |  |  |  |  |
|--|-------------------------------|-----------------------------------|--|--|--|--|
| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |  |  |  |  |
| Operating Expenditures:<br>(a) Allocated Federal/Non-Federal<br>Activity (from Schedule H4)                  |                               |                                   |  |  |  |  |
| (i) Federal Share  | 0.00                          | 0.00                              |  |  |  |  |
| (ii) Non-Federal Share   | 0.00                          | 0.00                              |  |  |  |  |
| (b) Other Federal Operating<br>Expenditures  | 0.00                          | 750.00                            |  |  |  |  |
| (c) Total Operating Expenditures<br>(add 21(a)(i), (a)(ii), and (b))   | 0.00                          | 750.00                            |  |  |  |  |
| Transfers to Affiliated/Other Party<br>Committees  | 0.00                          | 0.00                              |  |  |  |  |
| Contributions to<br>Federal Candidates/Committees<br>and Other Political Committees                          | 138500.00                     | 351500.00                         |  |  |  |  |
| Independent Expenditures<br>(use Schedule E)<br>Coordinated Party Expenditures                               | 0.00                          | 0.00                              |  |  |  |  |
| (52 U.S.C. § 30116(d))<br>(use Schedule F)   | 0.00                          | 0.00                              |  |  |  |  |
| Loan Repayments Made   | 0.00                          | 0.00                              |  |  |  |  |
| Loans Made<br>Refunds of Contributions To:   | 0.00                          | 0.00                              |  |  |  |  |
| (a) Individuals/Persons Other<br>Than Political Committees   | 0.00                          | 0.00                              |  |  |  |  |
| (b) Political Party Committees   | 0.00                          | 0.00                              |  |  |  |  |
| (c) Other Political Committees<br>(such as PACs)   | 0.00                          | 0.00                              |  |  |  |  |
| (d) Total Contribution Refunds<br>(add Lines 28(a), (b), and (c))  | 0.00                          | 0.00                              |  |  |  |  |
| Other Disbursements (Including Non-Federal Donations)  | 7500.00                       | 7500.00                           |  |  |  |  |
| Federal Election Activity (52 U.S.C. § 301)<br>(a) Allocated Federal Election Activity<br>(from Schedule H6) | 01(20))                       |                                   |  |  |  |  |
| (i) Federal Share  | 0.00                          | 0.00                              |  |  |  |  |
| <ul><li>(ii) "Levin" Share</li><li>(b) Federal Election Activity Paid</li></ul>                              | 0.00                          | 0.00                              |  |  |  |  |
| Entirely With Federal Funds  | 0.00                          | 0.00                              |  |  |  |  |
| Lines 30(a)(i), 30(a)(ii) and 30(b))   | 0.00                          | 0.00                              |  |  |  |  |
| Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))                           | 146000.00                     | 359750.00                         |  |  |  |  |
| Total Federal Disbursements<br>(subtract Line 21(a)(ii) and Line 30(a)(ii)                                   |                               |                                   |  |  |  |  |
| from Line 31)  | 146000.00                     | 359750.00                         |  |  |  |  |

#### DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

| FFC  | Form    | 3X | (Rev    | 05/2016 | ) |
|------|---------|----|---------|---------|---|
| 1 20 | 1 01111 | 57 | (110 v. | 05/2010 | , |

#### III. Net Contributions/ Operating Expenditures

| 33. | Total Contributions (other than loans) |
|-----|--|
|     | (from Line 11(d), page 3)              |
| 34. | Total Contribution Refunds             |
|     | (from Line 28(d))                      |
| 35. | Net Contributions (other than loans)   |
|     | (subtract Line 34 from Line 33)        |
| 36. | Total Federal Operating Expenditures   |
|     | (add Line 21(a)(i) and Line 21(b))     |
| 37. | Offsets to Operating Expenditures      |
|     | (from Line 15, page 3)                 |
| 38. | Net Operating Expenditures             |

(subtract Line 37 from Line 36) .....

|     |   |     |   |   |     | 187766.67 |
|-----|---|-----|---|---|-----|-----------|
|     |   | 7   |   |   | -   |           |
| 1.1 |   | -   |   |   | -   | 0.00      |
|     | 1 | -7  | 1 | 1 | -   |           |
|     |   |     |   |   |     | 107766.67 |
|     | 4 | -   |   |   | -   | 187766.67 |
|     |   |     |   |   |     | 0.00      |
|     | 4 | 7   |   |   | 7   | 0.00      |
|     |   |     |   |   |     | 0.00      |
| _   |   | 7   |   |   | 7   | 0.00      |
|     | 1 |     |   |   |     | 0.00      |
|     |   | -7- | - |   | -7- |           |

|              |   | -7- | Ţ  |   | -   | 309981.43  |
|--------------|---|-----|----|---|-----|------------|
|              |   | ,   |    |   | ,   | 0.00       |
|              |   | -7  | t. |   | -7- |            |
|              |   |     |    |   |     | 309981.43  |
|              | ÷ | -   | ÷  | ÷ | -   |            |
|              |   | -   |    |   | -   | 750.00     |
|              |   |     | 1  | 1 |     | 0.00       |
|              |   | -7  |    |   | -7  | 0.00       |
|              |   |     |    |   |     | 750.00     |
| a la seconda |   | -7- |    |   | -7- | 1 I II I I |

COLUMN B

Calendar Year-to-Date



| SCHEDULE A (FEC Form 3X<br>TEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (che  | FOR LINE NUMBER:         PAGE         6         C           (check only one)         (check only one)         11c         12           13         14         15         16 |         |         |         |                      |         |                 |
|--|---|---|--|---------|---------|---------|----------------------|---------|-----------------|
| Any information copied from such Reports an<br>or for commercial purposes, other than using<br>NAME OF COMMITTEE (In Full)<br>Select Medical Corporation F | the name and a  |   |  |         |         |         |                      |         |                 |
| Full Name of Individual (Last, First, Middle<br>Bellmar, Christopher, , ,<br>Mailing Address 4714 Gettysburg Rd  | Initial) or Full O  | rganization Name  |  | Date of | Re<br>′ | ceipt   | / Y                  | Ý<br>20 | )23             |
| City<br>Mechanicsburg  | State<br>PA   | Zip Code<br>17055   |  |         |         |         | A2023-1              |         |                 |
| FEC ID number of contributing federal political committee.   | С   |   |  | imount  | OT      | Each R  | eceipt th            |         | eriod<br>115.39 |
| Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼          | Exe   | upation (for Individual)<br>cutive<br>Year-to-Date ▼<br>1615.46 | ]  | Me      | emo     | ) Item  |                      |         |                 |
| Full Name of Individual (Last, First, Middle<br>Bellmar, Christopher, , ,<br>Mailing Address 4714 Gettysburg Rd  | Initial) or Full O  | rganization Name  |  | Date of | Re      | ceipt   | / Y                  |         | 23              |
| City<br>Mechanicsburg  | State<br>PA   | Zip Code<br>17055   |  | Trans   |         | on ID : | A2023-1<br>eceipt th | 6549    | 997             |
| FEC ID number of contributing federal political committee.   |   |   |  | 115.39  |         |         |                      |         |                 |
| Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼          | Exe   | upation (for Individual)<br>acutive<br>Year-to-Date<br>1730.85  |  | Me      | emo     | ) Item  |                      |         |                 |

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

| Mailing Address 4714 Gettysburg Rd                         |               |                         | 08 11 2023                         |
|--|---------------|-------------------------|------------------------------------|
| City   | State         | Zip Code                | Transaction ID : A2023-1764937     |
| Mechanicsburg  | PA            | 17055                   | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С             |                         | 115.39                             |
| Name of Employer (for Individual)                          | Occupa        | tion (for Individual)   | Memo Item                          |
| Select Medical Corporation                                 | Executi       | ve                      |                                    |
| Receipt For:<br>Primary General<br>Other (specify)         | Aggregate Yea | ar-to-Date ▼<br>1846.24 |                                    |
| SUBTOTAL of Receipts This Page (optional)                  |               | ····· •                 | 346.17                             |
| TOTAL This Period (last page this line number o            | nly)          | •••••                   | 1 1 9 1 1 9 1 1 1 1 1 1            |

Date of Receipt

302

# :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

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:

| 11110   | aye# 202404139021093004   |                          |                             |  |    |                  |                                   |               |             |         |      |     |  |  |
|---|---|--------------------------|-----------------------------|--|----|------------------|-----------------------------------|---------------|-------------|---------|------|-----|--|--|
| SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS |   | Use separate schedule(s) |                             |  |    | R LINE<br>eck on |                                   | JMBER:<br>ne) | PAGE        | 8       | OF   | 302 |  |  |
|   | EMIZED RECEIPTS   |                          |                             | or each category of the<br>Detailed Summary Page |    | <b>〈</b> 11a     |                                   | ]11b          | 11c         | 12      | _    |     |  |  |
| _   |   |                          |                             |  |    | 13               |                                   | 14            | 15          | 16      |      | 17  |  |  |
|   | y information copied from such Reports and S<br>for commercial purposes, other than using the |                          |                             |  |    |                  |                                   |               |             |         |      |     |  |  |
| $\square$                                     | NAME OF COMMITTEE (In Full)   |                          |                             |  |    |                  |                                   |               |             |         |      |     |  |  |
|   | Select Medical Corporation PA   | С                        |                             |  |    |                  |                                   |               |             |         |      |     |  |  |
| A.  | Full Name of Individual (Last, First, Middle Ini<br>Bellmar, Christopher, , ,                 | tial) or Full (          | Orga                        | nization Name                                    |    | Date o           | of Re                             | eceipt        |             |         |      |     |  |  |
|   | Mailing Address 4714 Gettysburg Rd  |                          |                             |  |    | M M<br>08        | /                                 | 25            |             | 2023    |      | 1   |  |  |
|   | City  | State                    |                             | Zip Code   |    | Trans            | sact                              | ion ID :      | A2023-19    | 03185   | 5    |     |  |  |
|   | Mechanicsburg   | PA                       |                             | 17055  |    | Amoun            | t of                              | Each R        | leceipt thi | s Peri  | od   |     |  |  |
|   | FEC ID number of contributing federal political committee.                                    | С                        |                             |  |    |                  |                                   |               |             | 11      | 5.39 |     |  |  |
|   | Name of Employer (for Individual)<br>Select Medical Corporation                               |                          | cupat<br>ecuti <sup>,</sup> | tion (for Individual)<br>ve                      |    | M                | lemo                              | tem           |             |         |      |     |  |  |
|   | Receipt For:  | Agaregate                | e Yea                       | ar-to-Date 🔻                                     |    |                  |                                   |               |             |         |      |     |  |  |
|   | Primary General   | 33 - 3                   |                             |  | 11 |                  |                                   |               |             |         |      |     |  |  |
|   | Other (specify) <b>v</b>  | L                        | 7                           | 1961.63  |    |                  |                                   |               |             |         |      |     |  |  |
| B.  | Full Name of Individual (Last, First, Middle Ini<br>Bellmar, Christopher, , ,                 | tial) or Full (          | Orga                        | nization Name                                    |    | Date o           | f Re                              | eceipt        |             |         |      |     |  |  |
|   | Mailing Address 4714 Gettysburg Rd  |                          |                             |  |    |                  | M M / D D / Y Y Y Y<br>09 08 2023 |               |             |         |      |     |  |  |
|   | City  | State                    |                             | Zip Code   |    | Trans            | sact                              | ion ID :      | A2023-20    | 37017   | ,    |     |  |  |
|   | Mechanicsburg   | PA                       |                             | 17055  |    | Amoun            | t of                              | Each R        | leceipt thi | s Perio | bc   |     |  |  |
|   | FEC ID number of contributing federal political committee.                                    | С                        |                             |  |    |                  |                                   | -             | -           | 11      | 5.39 |     |  |  |
|   | Name of Employer (for Individual)<br>Select Medical Corporation                               |                          | cupa<br>ecuti               | tion (for Individual)<br>ve                      |    | M                | lemo                              | tem           |             |         |      |     |  |  |
|   | Receipt For:  | Anareaate                |                             | ar-to-Date <b>V</b>                              |    |                  |                                   |               |             |         |      |     |  |  |
|   | Primary General   | / iggi oguto             | 11                          |  |    |                  |                                   |               |             |         |      |     |  |  |
|   | Other (specify) <b>v</b>  | L                        |                             |  |    |                  |                                   |               |             |         |      |     |  |  |
| С.  | Full Name of Individual (Last, First, Middle Ini<br>Bellmar, Christopher, , ,                 | itial) or Full (         | Orga                        | nization Name                                    |    | Date o           | of Re                             | eceipt        |             |         |      |     |  |  |
|   | Mailing Address 4714 Gettysburg Rd  |                          |                             |  |    | 09               | /                                 | 22            |             | 2023    |      | 1   |  |  |
|   | City  | State                    |                             | Zip Code   |    | Trans            | sact                              | ion ID :      | A2023-21    | 21683   | 3    |     |  |  |
|   | Mechanicsburg   | PA                       |                             | 17055  |    | Amoun            | t of                              | Each R        | leceipt thi | s Perie | bc   |     |  |  |
|   | FEC ID number of contributing federal political committee.                                    |                          |                             | C  |    |                  |                                   | 115.39        |             |         |      |     |  |  |
|   | Name of Employer (for Individual)<br>Select Medical Corporation                               |                          | cupat                       | tion (for Individual)<br>/e                      |    | N                | lemo                              | o Item        |             |         |      |     |  |  |
|   | Receipt For:  |                          |                             | ar-to-Date ▼                                     |    |                  |                                   |               |             |         |      |     |  |  |
|   | Primary General   | Ayyreyale                |                             |  |    |                  |                                   |               |             |         |      |     |  |  |
|   | Other (specify)   | L                        | -                           | 2192.41  |    |                  |                                   |               |             |         |      |     |  |  |

| SUBTOTAL of Receipts This Page (optional)           |  | y |  | , | 34 | 6.17 | ] |
|---|--|---|--|---|----|------|---|
| TOTAL This Period (last page this line number only) |  | - |  | - |    | -    | ] |

| Image# 202404159627893605  |                    |   |   |  |  |  |  |  |  |  |  |  |  |
|--|--------------------|---|---|--|--|--|--|--|--|--|--|--|--|
| SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  |                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE         9         OF         30.           (check only one)   |  |  |  |  |  |  |  |  |  |  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using t                     |                    |   | erson for the purpose of soliciting contributions   |  |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Select Medical Corporation P  | ٩C                 |   |   |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle           A.         Bellmar, Christopher, , ,                        | Initial) or Full ( | Drganization Name   | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 4714 Gettysburg Rd   |                    |   | 10 / Y Y Y Y<br>2023  |  |  |  |  |  |  |  |  |  |  |
| City<br>Mechanicsburg  | State<br>PA        | Zip Code<br>17055   | Transaction ID : A2023-2223671 Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | С                  |   | 115.39  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation  |                    | cupation (for Individual)<br>acutive  | Memo Item   |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>2307.80   | ]   |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Bellmar, Christopher, , ,<br>Mailing Address 4714 Gettysburg Rd | Initial) or Full ( | Organization Name   | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |
| City   | State              | Zip Code  | 10 20 2023<br>Transaction ID : A2023-2314423  |  |  |  |  |  |  |  |  |  |  |
| Mechanicsburg  | PA                 | 17055   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | С                  |   |   |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation  |                    | cupation (for Individual)<br>ecutive  | Memo Item   |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate          | Year-to-Date ▼<br>2423.19   |   |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Bellmar, Christopher, , ,                                       | Initial) or Full ( | Drganization Name   | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 4714 Gettysburg Rd   | State              | Zip Code  | Image: Constraint of the second se |  |  |  |  |  |  |  |  |  |  |
| Mechanicsburg  | PA                 | 17055   |   |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | С                  |   | 115.39  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:                                    | Exe                | cupation (for Individual)   | Memo Item   |  |  |  |  |  |  |  |  |  |  |
|  | Aggregate          | Year-to-Date 🔻  |   |  |  |  |  |  |  |  |  |  |  |

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| SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS |   | Use separate schedule(s)<br>for each category of the |   | -       | R LINE<br>eck only | NUMBEF<br>y one) | R: PA     | ЗE       | 10 OI | = 302       |    |  |  |  |
|   | EIVITZED RECEIF 15  |  | Detailed Summary Page                         |         |                    | 11a              | 11b       | 11c      |       | 12          | _  |  |  |  |
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| $\left  \right $                              | NAME OF COMMITTEE (In Full)   |  |   |         |                    |                  |           |          |       |             |    |  |  |  |
|   | Select Medical Corporation PA   | C  |   |         |                    |                  |           |          |       |             |    |  |  |  |
| Α.  | Full Name of Individual (Last, First, Middle Ini<br>Bellmar, Christopher, , ,                 | tial) or Full C                                      | rganization Nan                               | ne      |                    | Date of          | Receipt   |          |       |             |    |  |  |  |
|   | Mailing Address 4714 Gettysburg Rd  |  |   |         | 11 17 2023         |                  |           |          |       |             |    |  |  |  |
|   | City  | State  | Zip Code                                      |         |                    | Trans            | action ID | : A2023- | ·251  | 9613        |    |  |  |  |
|   | Mechanicsburg   | PA   | 17055   |         |                    | Amount           | of Each   | Receipt  | this  | Period      |    |  |  |  |
|   | FEC ID number of contributing federal political committee.                                    | С  |   |         |                    |                  |           | -        | _     | 115.3       | 9  |  |  |  |
|   | Name of Employer (for Individual)<br>Select Medical Corporation                               |  | upation (for Indi                             | vidual) |                    | Me               | emo Item  |          |       |             |    |  |  |  |
|   | Receipt For:  | Aggregate  | Year-to-Date <b>V</b>                         |         |                    |                  |           |          |       |             |    |  |  |  |
|   | Primary General   |  |   |         |                    |                  |           |          |       |             |    |  |  |  |
|   | Other (specify) <b>v</b>  |  | -yr   | 2653.97 |                    |                  |           |          |       |             |    |  |  |  |
| в.  | Full Name of Individual (Last, First, Middle Ini Bellmar, Christopher, , ,                    | tial) or Full C                                      | rganization Nan                               | ne      |                    | Date of          | Receipt   |          |       |             |    |  |  |  |
|   | Mailing Address 4714 Gettysburg Rd  |  |   |         |                    | <sup>M</sup> 12  | / D       |          | Ý     | y y<br>2023 | Y  |  |  |  |
|   | City  | State  | Zip Code                                      |         |                    | Trans            | action ID | : A2023- | 260   | 1817        |    |  |  |  |
|   | Mechanicsburg   | PA   | 17055   |         |                    | Amount           | of Each   | Receipt  | this  | Period      |    |  |  |  |
|   | FEC ID number of contributing federal political committee.                                    | С  |   |         |                    |                  |           | -        | _     | 115.3       | 9  |  |  |  |
|   | Name of Employer (for Individual)   | Occ  | upation (for Indi                             | _       | Memo Item          |                  |           |          |       |             |    |  |  |  |
|   | Select Medical Corporation  | Exe  | cutive  | ,       |                    |                  |           |          |       |             |    |  |  |  |
|   | Receipt For:  | Aggregate  | Year-to-Date 🔻                                |         |                    |                  |           |          |       |             |    |  |  |  |
|   | Primary General   |  |   | 0700.00 | 11                 |                  |           |          |       |             |    |  |  |  |
|   | Other (specify) <b>v</b>  |  | <u>, , , , , , , , , , , , , , , , , , , </u> | 2769.36 |                    |                  |           |          |       |             |    |  |  |  |
| C.  | Full Name of Individual (Last, First, Middle Ini Bellmar, Christopher, , ,                    | tial) or Full C                                      | rganization Nan                               | ne      |                    | Date of          | Receipt   |          |       |             |    |  |  |  |
|   | Mailing Address 4714 Gettysburg Rd  |  |   |         |                    | <sup>M</sup> 12  | / D       |          |       | 2023        | Y  |  |  |  |
|   | City  | State  | Zip Code                                      |         |                    | Trans            | action ID | : A2023  | ·280  | 2091        |    |  |  |  |
|   | Mechanicsburg   | PA   | 17055   |         | /                  | Amount           | of Each   | Receipt  | this  | Period      |    |  |  |  |
|   | FEC ID number of contributing federal political committee.                                    | С  | C   |         |                    |                  | 115.39    |          |       |             |    |  |  |  |
|   | Name of Employer (for Individual)   | Occ  | upation (for Indi                             | vidual) |                    | M                | emo Item  |          |       |             |    |  |  |  |
|   | Select Medical Corporation  |  | cutive  | ,       |                    |                  |           |          |       |             |    |  |  |  |
|   | Receipt For: Aggregate Year-to-Date V   |  |   |         |                    |                  |           |          |       |             |    |  |  |  |
|   | Primary General   | 55 55.10   |   | 1       |                    |                  |           |          |       |             |    |  |  |  |
| Other (specify)                               |   |  |   | 2884.75 |                    |                  |           |          |       |             |    |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| ITEMIZED RECEIPTS  | VIIZED RECEIPTS for each category of the<br>Detailed Summary Page |   |     | ×                                  | 11a        |      | 111   |            | 11c                       |                                | 12<br>16 | 17  |  |  |  |  |  |  |
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| Any information copied from such Reports and<br>or for commercial purposes, other than using   |   |   |     |                                    | for the    |      | pos   | e of s     | oliciting                 | g cont                         | tributio | ons |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full) Select Medical Corporation P   | AC  |   |     |                                    |            |      |   |            |                           |                                |          |     |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         A. Bellmar, Christopher, , ,         Mailing Address 4714 Gettysburg Rd         City       State       Zip Code         Mechanicsburg       PA       17055         FEC ID number of contributing       C       C         rederal political committee.       C       Occupation (for Individual)         Select Medical Corporation       Executive         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       3000.00 |   |   |     |                                    | Amour      | sact | ion<br>Ead  | 29<br>ID:A | / ¥<br>2023-3<br>ceipt tł | 202<br>3 <b>0255</b><br>his Pe | 55       | 5   |  |  |  |  |  |  |
| B. Full Name of Individual (Last, First, Middle<br>Bencomo, Dionisio, , Mr.,<br>Mailing Address 2851 SW 137 Court<br>City  | Aailing Address 2851 SW 137 Court                                 |   |     |                                    |            |      | Date of Receipt<br>07 / 07 / 2023<br>Transaction ID : A2023-1633256 |            |                           |                                |          |     |  |  |  |  |  |  |
| Miami<br>FEC ID number of contributing<br>federal political committee.   | FL  | 33175   |     | Amount of Each Receipt this Period |            |      |   | 9          |                           |                                |          |     |  |  |  |  |  |  |
| Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼  | Vice  | upation (for Individual)<br>e President<br>Year-to-Date ▼<br>1615         | .46 | Memo Item                          |            |      |   |            |                           |                                |          |     |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>Bencomo, Dionisio, , Mr.,<br>Mailing Address 2851 SW 137 Court   | Initial) or Full C  | Zip Code  |     |                                    | Date of 07 | /    |   | 21         | / Y<br>\2023-1            | 202                            |          |     |  |  |  |  |  |  |
| Miami FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)   | FL<br>C<br>Vice   | 33175<br>upation (for Individual)<br>President<br>Year-to-Date ▼<br>1730. | .85 |                                    | Amour      |      | Ead   | ch Re      | ceipt th                  | nis Pe                         |          | )   |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional).<br>TOTAL This Period (last page this line number  |   |   |     |                                    |            |      | ,   |            | 3                         | ÷                              | 346.03   | 3   |  |  |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED RECEIPTS for each category of the Detailed Summary Page           | X 11a 11b 11c 12  |                                      |  |  |  |  |  |  |  |  |  |  |
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|  |   |                                      | 13 14 15 16 17   |  |  |  |  |  |  |  |  |  |
|  |   |                                      | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee. |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  |   |                                      |  |  |  |  |  |  |  |  |  |  |
| Select Medical Corporation   | PAC   |                                      |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>A. Bencomo, Dionisio, , Mr., | le Initial) or Full Org                                       | ganization Name                      | Date of Receipt  |  |  |  |  |  |  |  |  |  |
| Mailing Address 2851 SW 137 Court  |   |                                      | 08 / D D / Y Y Y Y<br>08 04 2023   |  |  |  |  |  |  |  |  |  |
| City   | State   | Zip Code                             | Transaction ID : A2023-1679307   |  |  |  |  |  |  |  |  |  |
| Miami  | FL  | 33175                                | Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | С   |                                      | 115.39   |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation            |   | pation (for Individual)<br>President | Memo Item  |  |  |  |  |  |  |  |  |  |
| Receipt For:   |   |                                      |  |  |  |  |  |  |  |  |  |  |
| Primary General  | Aggregate   | ′ear-to-Date ▼                       |  |  |  |  |  |  |  |  |  |  |
| Other (specify)  | ]   |                                      |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>B. Bencomo, Dionisio, , Mr., | le Initial) or Full Org                                       | ganization Name                      | Date of Receipt  |  |  |  |  |  |  |  |  |  |
| Mailing Address 2851 SW 137 Court  | 08 / D D / Y Y Y Y<br>08 18 2023                              |                                      |  |  |  |  |  |  |  |  |  |  |
| City   | State   | Zip Code                             | Transaction ID : A2023-1884983   |  |  |  |  |  |  |  |  |  |
| Miami  | FL  | 33175                                | Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                 |   | 115.39                               |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation            |   | pation (for Individual)<br>President | Memo Item  |  |  |  |  |  |  |  |  |  |
| Receipt For:   | Aggregate Y   | 'ear-to-Date ▼                       |  |  |  |  |  |  |  |  |  |  |
| Other (specify) ▼  |   | 1961.63                              | ]  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>C. Bencomo, Dionisio, , Mr., | le Initial) or Full Org                                       | ganization Name                      | Date of Receipt  |  |  |  |  |  |  |  |  |  |
| Mailing Address 2851 SW 137 Court  |   |                                      | 09 01 2023   |  |  |  |  |  |  |  |  |  |
| City   | State   | Zip Code                             | Transaction ID : A2023-1924758   |  |  |  |  |  |  |  |  |  |
| Miami  | FL  | 33175                                | Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | С   |                                      | 115.39   |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)  | Name of Employer (for Individual) Occupation (for Individual) |                                      |  |  |  |  |  |  |  |  |  |  |
| Select Medical Corporation   | Vice I  | President                            |  |  |  |  |  |  |  |  |  |  |
| Receipt For:   | Aggregate Y   | ∕ear-to-Date ▼                       |  |  |  |  |  |  |  |  |  |  |
| Other (specify)  |   | 2077.02                              | ]  |  |  |  |  |  |  |  |  |  |
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| SCHEDULE A   | (FEC Form | 3X) |
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| NAME OF COMMI                            | TTEE (In Full)                                    |                    |                                 |         |                                |                 |          |         |                |                   |        |  |  |  |  |  |
| Select Medic                             | al Corporation PA                                 | ٩C                 |                                 |         |                                |                 |          |         |                |                   |        |  |  |  |  |  |
| Full Name of Indivi<br>A. Bencomo, Dioni | dual (Last, First, Middle I<br>sio, , Mr.,        | Initial) or Full O | rganization Narr                | le      | Date of Receipt                |                 |          |         |                |                   |        |  |  |  |  |  |
| Mailing Address 28                       | 351 SW 137 Court                                  |                    |                                 |         |                                | 09 15 2023      |          |         |                |                   |        |  |  |  |  |  |
| City                                     |   | State              | Zip Code                        |         | Transaction ID : A2023-2036976 |                 |          |         |                |                   |        |  |  |  |  |  |
| Miami                                    |   | FL                 | 33175                           |         | A                              |                 |          |         |                | nis Period        | b      |  |  |  |  |  |
| FEC ID number of federal political con   | U U   | С                  |                                 |         |                                |                 |          |         |                | 115               | .39    |  |  |  |  |  |
| Name of Employer                         | (for Individual)                                  | Occu               | upation (for Indiv              | /idual) |                                | Me              | emo      | Item    |                |                   |        |  |  |  |  |  |
|  | Select Medical Corporation Vice President         |                    |                                 |         |                                |                 |          |         |                |                   |        |  |  |  |  |  |
| Receipt For:                             | Receipt For: Aggregate Year-to-Date ▼             |                    |                                 |         |                                |                 |          |         |                |                   |        |  |  |  |  |  |
| Primary                                  | General   |                    |                                 |         | 11.                            |                 |          |         |                |                   |        |  |  |  |  |  |
| Other (specif                            | y) <b>V</b>                                       |                    | -9595-                          | 2192.41 |                                |                 |          |         |                |                   |        |  |  |  |  |  |
|  | dual (Last, First, Middle I                       | Initial) or Full O | rganization Narr                | le      |                                |                 | _        |         |                |                   |        |  |  |  |  |  |
| B. Bencomo, Dion                         |   |                    |                                 |         | [                              | Date of         | Rec      | eipt    |                |                   |        |  |  |  |  |  |
| Mailing Address 28                       | 51 SW 137 Court                                   | Ctata              | Zin Code                        |         |                                | 09              | /        | 29      | / Y            | 2023              | Y      |  |  |  |  |  |
| City<br>Miami                            |   | State<br>FL        | Zip Code<br>33175               |         |                                |                 |          |         | <u>A2023-2</u> |                   |        |  |  |  |  |  |
| FEC ID number of federal political con   | U U   | С                  | 00110                           |         |                                | Amount          | OTE      | ach Re  | eceipt tr      | nis Perioo<br>115 | _      |  |  |  |  |  |
| Name of Employer                         |   | Occi               | upation (for Indiv              | vidual) | -                              | Me              | emo      | Item    | - 4            |                   |        |  |  |  |  |  |
| Select Medical Corp                      | , ,   |                    | President                       | ,       |                                |                 |          |         |                |                   |        |  |  |  |  |  |
| Receipt For:                             |   | Aggregate          | Year-to-Date 🔻                  |         |                                |                 |          |         |                |                   |        |  |  |  |  |  |
| Other (specif                            | General<br>y) ▼                                   |                    | <b>, , ,</b>                    | 2307.80 | 1                              |                 |          |         |                |                   |        |  |  |  |  |  |
| Full Name of Indivi<br>C. Bencomo, Dio   | dual (Last, First, Middle I<br>nisio, , Mr.,      | Initial) or Full O | rganization Narr                | ie      |                                | Date of         | Rec      | eipt    |                |                   |        |  |  |  |  |  |
| Mailing Address 28                       | 351 SW 137 Court                                  |                    |                                 |         |                                | <sup>M</sup> 10 | /        | D 13    | / Y            | 2023              | Y      |  |  |  |  |  |
| City                                     |   | State              | Zip Code                        |         |                                | Trans           | actio    | on ID : | A2023-2        | 294503            |        |  |  |  |  |  |
| Miami                                    |   | FL                 | 33175                           |         | /                              | Amount          | of E     | ach Re  | eceipt th      | nis Perioc        | b      |  |  |  |  |  |
| FEC ID number of federal political con   | U U   | С                  |                                 |         |                                |                 | ,        |         | ,              | 115               | .39    |  |  |  |  |  |
| Name of Employer<br>Select Medical Cor   | , ,   |                    | upation (for Indiv<br>President | vidual) |                                | Memo Item       |          |         |                |                   |        |  |  |  |  |  |
| Receipt For:                             | Aggregate Teal-to-Date V                          |                    |                                 |         |                                |                 |          |         |                |                   |        |  |  |  |  |  |
| Other (specif                            | y) General  |                    |                                 | 2423.19 |                                |                 |          |         |                |                   |        |  |  |  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED RECEIPTS   |   | for each category of the<br>Detailed Summary Page  | X         11a         11b         11c         12           13         14         15         16         17    |
|---|---|--|--|
| or for commercial purposes, other than using t  |   |  | e to solicit contributions from such committee.  |
| NAME OF COMMITTEE (In Full) Select Medical Corporation Pr   | ٩C  |  |  |
| Full Name of Individual (Last, First, Middle<br>A. Bencomo, Dionisio, , Mr.,<br>Mailing Address 2851 SW 137 Court<br>City<br>Miami<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:<br>Primary General | Zip Code<br>33175<br>upation (for Individual)<br>e President<br>Year-to-Date ▼            | Date of Receipt  |  |
| Other (specify) ▼<br>Full Name of Individual (Last, First, Middle<br>Bencomo, Dionisio, , Mr.,<br>Mailing Address 2851 SW 137 Court   | Date of Receipt   |  |  |
| City<br><u>Miami</u><br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:<br>Primary General<br>Other (specify) ▼  | Zip Code<br>33175<br>upation (for Individual)<br>e President<br>Year-to-Date ▼<br>2653.97 | Transaction ID : A2023-2465169         Amount of Each Receipt this Period         115.39         Memo Item |  |
| C. Full Name of Individual (Last, First, Middle<br>Bencomo, Dionisio, , Mr.,<br>Mailing Address 2851 SW 137 Court<br>City<br>Miami<br>FEC ID number of contributing<br>federal political committee.   | Initial) or Full O<br>State<br>FL   | Zip Code<br>33175  | Date of Receipt<br>11 24 2023 Transaction ID : A2023-2587516<br>Amount of Each Receipt this Period<br>115.39 |
| Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:<br>Primary General<br>Other (specify)   | Vice  | upation (for Individual)<br>President<br>Year-to-Date ▼<br>2769.36   | Memo Item  |
| SUBTOTAL of Receipts This Page (optional).  |   |  | 346.17   |
| TOTAL This Period (last page this line number   | er only)  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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

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|              | EIVIZED RECEIPTS  |  |      | or each category of the<br>Detailed Summary Page |                                   | <b>X</b> 11a    |      | 11b      | 11c        |       | 12    |    |    |  |  |
|--------------|---|--|------|--|-----------------------------------|-----------------|------|----------|------------|-------|-------|----|----|--|--|
|              |   |  |      |  |                                   | 13              |      | 14       | 15         |       | 16    | 1  | 17 |  |  |
|              | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r |  |      |  |                                   |                 |      |          |            |       |       |    |    |  |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)   |  |      |  |                                   |                 |      |          |            |       |       |    |    |  |  |
|              | Select Medical Corporation PAC  |  |      |  |                                   |                 |      |          |            |       |       |    |    |  |  |
| A.           | Full Name of Individual (Last, First, Middle Initia<br>Bencomo, Dionisio, , Mr.,                  | Date of Receipt  |      |  |                                   |                 |      |          |            |       |       |    |    |  |  |
|              | Mailing Address 2851 SW 137 Court   | Otata  |      | Zin Oodo   |                                   | 12              |      | 08       |            | 20    | 023   | Y  |    |  |  |
|              | City<br>Miami   | State<br>FL  |      | Zip Code<br>33175                                | $\vdash$                          |                 |      |          | : A2023-2  |       |       |    |    |  |  |
|              | FEC ID number of contributing federal political committee.  | С  |      |  |                                   | Amoun           |      |          | Receipt th |       | 115.3 | 39 |    |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                   |  | •    | ion (for Individual)<br>esident                  |                                   | М               | emo  | o Item   |            |       |       |    |    |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate  | Yea  | r-to-Date ▼<br>2884.75                           |                                   |                 |      |          |            |       |       |    |    |  |  |
| В.           | Full Name of Individual (Last, First, Middle Initia<br>Bencomo, Dionisio, , Mr.,                  | l) or Full O   | rgar | nization Name                                    |                                   | Date o          | f Re | eceipt   |            |       |       |    |    |  |  |
|              | Mailing Address 2851 SW 137 Court   |  |      |  |                                   | 12 22 2023      |      |          |            |       |       |    |    |  |  |
|              | City  | State  |      | Zip Code   |                                   | Trans           | act  | ion ID : | A2023-2    | 2802  | 116   |    |    |  |  |
|              | Miami   | FL   |      | 33175  | Amount of Each Receipt this Perio |                 |      |          |            |       | eriod |    |    |  |  |
|              | FEC ID number of contributing federal political committee.  | С  | _    |  |                                   | <u> </u>        |      |          |            | _     | 115.2 | 25 | ]  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                   |  | •    | ion (for Individual)<br>esident                  | Memo Item                         |                 |      |          |            |       |       |    |    |  |  |
| Boogint For: |   |  |      | r-to-Date ▼<br>3000.00                           |                                   |                 |      |          |            |       |       |    |    |  |  |
| С.           | Full Name of Individual (Last, First, Middle Initia<br>Bernhardt, Alison, , ,                     | l) or Full O   | rgar | nization Name                                    |                                   | Date o          | f Re | eceipt   |            |       |       |    |    |  |  |
|              | Mailing Address 4714 Gettysburg Rd  |  |      |  |                                   | <sup>M</sup> 10 | /    | D<br>27  |            |       | )23   | Y  |    |  |  |
|              | City  | State<br>PA  |      | Zip Code   |                                   |                 |      |          | : A2023-2  |       |       |    |    |  |  |
|              | Mechanicsburg   |  |      | 17055  | _                                 | Amoun           | t of | Each I   | Receipt th | nis P | eriod |    |    |  |  |
|              | FEC ID number of contributing federal political committee.  | С  | _    |  |                                   | 192.31          |      |          |            |       |       |    |    |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                   | Occupation (for Individual)<br>Executive<br>Aggregate Year-to-Date ▼<br>384.62 |      |  |                                   |                 | emo  | o Item   |            |       |       |    |    |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify)  |  |      |  |                                   |                 |      |          |            |       |       |    |    |  |  |
|              | UBTOTAL of Receipts This Page (optional)  |  |      | •  |                                   |                 |      | ,<br>,   | · · ·      | +     | 422.9 | 95 | ]  |  |  |

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| SCHEDULE A   | (FEC Form 3X) |
|--------------|---------------|
| ITEMIZED REC | EIPTS         |

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS |   |               | Use separate schedule(s)                          | (check only one)   |  |  |  |  |  |  |  |  |
|-------------------|---|---------------|---|--|--|--|--|--|--|--|--|--|
|                   |   |               | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         1 |  |  |  |  |  |  |  |  |
|                   | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |   | person for the purpose of soliciting contributions ee to solicit contributions from such committee.      |  |  |  |  |  |  |  |  |
| $\backslash$      | NAME OF COMMITTEE (In Full)   |               |   |  |  |  |  |  |  |  |  |  |
|                   | Select Medical Corporation PAC  |               |   |  |  |  |  |  |  |  |  |  |
| Α.                | Full Name of Individual (Last, First, Middle Initia<br>Bernhardt, Alison, , ,                   | al) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |
|                   | Mailing Address 4714 Gettysburg Rd  |               |   | 11 10 / Y Y Y Y<br>11 2023   |  |  |  |  |  |  |  |  |
|                   | City<br>Mechanicsburg   | State<br>PA   | Zip Code<br>17055                                 | Transaction ID : A2023-2465146<br>Amount of Each Receipt this Period                                     |  |  |  |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                      | С             |   | 192.31   |  |  |  |  |  |  |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | upation (for Individual)<br>cutive                | Memo Item  |  |  |  |  |  |  |  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>576.93                          | ]  |  |  |  |  |  |  |  |  |
| В.                | Full Name of Individual (Last, First, Middle Initia<br>Bernhardt, Alison, , ,                   | al) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |
|                   | Mailing Address 4714 Gettysburg Rd  |               |   | 11 24 2023   |  |  |  |  |  |  |  |  |
|                   | City  | State         | Zip Code  | Transaction ID : A2023-2587553   |  |  |  |  |  |  |  |  |
|                   | Mechanicsburg   | PA            | 17055   | Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                      | С             |   | 192.31   |  |  |  |  |  |  |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | upation (for Individual)<br>cutive                | Memo Item  |  |  |  |  |  |  |  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>769.24                          |  |  |  |  |  |  |  |  |  |
| с.                | Full Name of Individual (Last, First, Middle Initia<br>Bernhardt, Alison, , ,                   | al) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |
|                   | Mailing Address 4714 Gettysburg Rd  | -             |   | 12 08 / Y Y Y Y<br>12 08   |  |  |  |  |  |  |  |  |
|                   | City<br>Mechanicsburg   | State<br>PA   | Zip Code<br>17055                                 | Transaction ID : A2023-2726388 Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                      | С             |   | 192.31   |  |  |  |  |  |  |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | upation (for Individual)<br>cutive                | Memo Item  |  |  |  |  |  |  |  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Year-to-Date ▼<br>961.55                          |  |  |  |  |  |  |  |  |  |
| ⊢                 | UBTOTAL of Receipts This Page (optional)  |               |   | 576.93   |  |  |  |  |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
|--------------|---------------|
| ITEMIZED REC | EIPTS         |

FOR LINE NUMBER:

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|                                | EMIZED RECEIPTS  |               | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |
|--------------------------------|--|---------------|---|---|--|--|--|--|--|--|--|--|
|                                | Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. |               |   |   |  |  |  |  |  |  |  |  |
| $\square$                      | NAME OF COMMITTEE (In Full)  |               |   |   |  |  |  |  |  |  |  |  |
|                                | Select Medical Corporation PAC   | ;             |   |   |  |  |  |  |  |  |  |  |
| Α.                             | Full Name of Individual (Last, First, Middle Initi<br>Bernhardt, Alison, , ,   | al) or Full C | Drganization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |  |
|                                | Mailing Address 4714 Gettysburg Rd   | State         | Zin Codo  | 12 / D D / Y Y Y Y<br>2023  |  |  |  |  |  |  |  |  |
|                                | City<br>Mechanicsburg  | State<br>PA   | Zip Code<br>17055                                 | Transaction ID : A2023-2802153         Amount of Each Receipt this Period                                 |  |  |  |  |  |  |  |  |
|                                | FEC ID number of contributing federal political committee.   | С             |   | 192.31  |  |  |  |  |  |  |  |  |
|                                | Name of Employer (for Individual)<br>Select Medical Corporation  |               | cupation (for Individual)<br>ecutive              | Memo Item   |  |  |  |  |  |  |  |  |
|                                | Receipt For:   | Aggregate     | e Year-to-Date ▼                                  |   |  |  |  |  |  |  |  |  |
|                                | Primary General<br>Other (specify) ▼   |               | 1153.86   | ]   |  |  |  |  |  |  |  |  |
| в.                             | Full Name of Individual (Last, First, Middle Initi<br>Blake, Kelly, L, Ms.,  | al) or Full C | Drganization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |  |
|                                | Mailing Address 3269 Blue Goose Road   |               |   | 10 13 2023  |  |  |  |  |  |  |  |  |
|                                | City<br>Nicktown   | State<br>PA   | Zip Code<br>15762                                 | Transaction ID : A2023-2294516<br>Amount of Each Receipt this Period                                      |  |  |  |  |  |  |  |  |
|                                | FEC ID number of contributing federal political committee.   | С             |   | 76.93   |  |  |  |  |  |  |  |  |
|                                | Name of Employer (for Individual)<br>Select Medical Corporation  |               | cupation (for Individual)<br>ministrator          | Memo Item   |  |  |  |  |  |  |  |  |
|                                | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate     | e Year-to-Date ▼<br>230.79                        | ]   |  |  |  |  |  |  |  |  |
| с.                             | Full Name of Individual (Last, First, Middle Initi<br>Blake, Kelly, L, Ms.,  | al) or Full C | Drganization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |  |
|                                | Mailing Address 3269 Blue Goose Road   |               |   | 10 / D D / Y Y Y Y<br>2023  |  |  |  |  |  |  |  |  |
|                                | City<br>Nicktown   | State<br>PA   | Zip Code<br>15762                                 | Transaction ID : A2023-2353861 Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |
|                                | FEC ID number of contributing federal political committee.   | С             |   | 76.93   |  |  |  |  |  |  |  |  |
| Select Medical Corporation Adr |  |               | cupation (for Individual)<br>ministrator          | Memo Item   |  |  |  |  |  |  |  |  |
|                                | Receipt For:<br>Primary General<br>Other (specify)   | ]             |   |   |  |  |  |  |  |  |  |  |
| s                              | UBTOTAL of Receipts This Page (optional)   |               |   | 346.17  |  |  |  |  |  |  |  |  |
| Т                              | OTAL This Period (last page this line number o   | nly)          |   | • • • • • • • • • • • • • • • • • • •   |  |  |  |  |  |  |  |  |

| SCHEDULE A (FEC Form 3X<br>TEMIZED RECEIPTS  | )                  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE         18         OF         3           (check only one)         11a         11b         11c         12           13         14         15         16         16 |
|--|--------------------|---|--|
|  | the name and a     |   | y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.   |
| Full Name of Individual (Last, First, Middle<br>Blake, Kelly, L, Ms.,<br>Mailing Address 3269 Blue Goose Road<br>City<br>Nicktown<br>FEC ID number of contributing<br>federal political committee. | State<br>PA        | Drganization Name<br>Zip Code<br>15762  | Date of Receipt Date of Receipt 11 10 2023 Transaction ID : A2023-2465181 Amount of Each Receipt this Period 76.93   |
| Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼  | Adr                | upation (for Individual)<br>ninistrator<br>Year-to-Date ▼<br>384.65           |  |
| Full Name of Individual (Last, First, Middle<br>Blake, Kelly, L, Ms.,<br>Mailing Address 3269 Blue Goose Road<br>City<br>Nicktown  | Initial) or Full C | Zip Code<br>15762   | Date of Receipt  |
| FEC ID number of contributing  | C                  |   | 76.02  |

| City<br>Nicktown  | State<br>PA                       | Zip Code<br>15762 | Transaction ID : A2023-2<br>Amount of Each Receipt th |       |
|---|-----------------------------------|-------------------|---|-------|
| FEC ID number of contributing federal political committee.  | С                                 |                   |   | 76.93 |
| Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ | Occupa<br>Admini<br>Aggregate Yea |                   | Memo Item   |       |
| C. Full Name of Individual (Last, First, Middle Blake, Kelly, L, Ms.,<br>Mailing Address 3269 Blue Goose Road                                     | Initial) or Full Orga             | nization Name     | Date of Receipt                                       | 2023  |

| City  | State             | Zip Code                         | Transaction ID : A2023-2726363     |  |  |
|---|-------------------|----------------------------------|------------------------------------|--|--|
| Nicktown  | PA                | 15762                            | Amount of Each Receipt this Period |  |  |
| FEC ID number of contributing federal political committee.      | С                 |                                  | 76.93                              |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation | Occupa<br>Adminis | tion (for Individual)<br>strator | Memo Item                          |  |  |
| Receipt For:<br>Primary General<br>Other (specify)              | Aggregate Yea     | ar-to-Date ▼<br>538.51           |                                    |  |  |
| SUBTOTAL of Receipts This Page (optional)                       |                   | •                                | 230.79                             |  |  |
| OTAL This Period (last page this line number only)              |                   |                                  |                                    |  |  |

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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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

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|                        | EWIZED RECEIPTS  |               | Detailed Summary Page                   |           | 11a             |      | 11b       | 110     |       | 12          |     |  |  |  |
|------------------------|--|---------------|---|-----------|-----------------|------|-----------|---------|-------|-------------|-----|--|--|--|
| _                      |  |               |   |           | 13              |      | 14        | 15      |       | 16          | 17  |  |  |  |
|                        | y information copied from such Reports and St<br>for commercial purposes, other than using the |               |   |           |                 |      |           |         |       |             |     |  |  |  |
| $\left  \right\rangle$ | NAME OF COMMITTEE (In Full)  |               |   |           |                 |      |           |         |       |             |     |  |  |  |
|                        | Select Medical Corporation PAC   | ;             |   |           |                 |      |           |         |       |             |     |  |  |  |
| Α.                     | Full Name of Individual (Last, First, Middle Initi<br>Blake, Kelly, L, Ms.,                    | al) or Full C | Organization Name                       | 1         | Date of         | Re   | eceipt    |         |       |             |     |  |  |  |
|                        | Mailing Address 3269 Blue Goose Road   |               |   |           | м м<br>12       | /    | 22        |         | Y     | y y<br>2023 | Y   |  |  |  |
|                        | City   | State         | Zip Code                                |           | Trans           | act  | ion ID    | A2023   | -280  | 2128        |     |  |  |  |
|                        | Nicktown   | PA            | 15762                                   | A         | Amount          | tof  | Each F    | Receipt | this  | Period      |     |  |  |  |
|                        | FEC ID number of contributing federal political committee.                                     | С             |   |           |                 |      |           | - 4     |       | 76          | .93 |  |  |  |
|                        | Name of Employer (for Individual)<br>Select Medical Corporation                                |               | upation (for Individual)<br>ninistrator |           | M               | emo  | tem       |         |       |             |     |  |  |  |
|                        | Receipt For:   | Aggregate     | Year-to-Date V                          |           |                 |      |           |         |       |             |     |  |  |  |
|                        | Primary General  | , iggi oguto  |   |           |                 |      |           |         |       |             |     |  |  |  |
|                        | Other (specify) V  | L             | 615.44                                  |           |                 |      |           |         |       |             |     |  |  |  |
| В.                     | Full Name of Individual (Last, First, Middle Initi<br>Bolcavage, Theodore, J, Mr.,             | al) or Full C | Organization Name                       |           | Date of         | Be   | eceipt    |         |       |             |     |  |  |  |
|                        | Mailing Address 207 Bryant St  |               |   | $\exists$ | M M             |      | D         | D /     | Y     | YY          | Y   |  |  |  |
|                        | Digan Or   |               |   |           | 07              | ľ    | 07        |         | 2     | 2023        |     |  |  |  |
|                        | City   | State         | Zip Code                                |           | Trans           | acti | ion ID :  | A2023   | -163  | 3240        |     |  |  |  |
|                        | Mechanicsburg  | PA            | 17050-4148                              | A         |                 |      | Each I    |         |       |             | I   |  |  |  |
|                        | FEC ID number of contributing federal political committee.                                     | С             |   | 115.39    |                 |      |           |         |       |             |     |  |  |  |
|                        | Name of Employer (for Individual)  | 000           | Occupation (for Individual)             |           |                 |      | Memo Item |         |       |             |     |  |  |  |
|                        | Select Medical Corporation   |               | e President                             |           |                 |      |           |         |       |             |     |  |  |  |
|                        | Receipt For:   |               |   |           |                 |      |           |         |       |             |     |  |  |  |
|                        | Primary General  | Aggregate     |   |           |                 |      |           |         |       |             |     |  |  |  |
|                        | Other (specify) ▼ 1615.46  |               |   |           |                 |      |           |         |       |             |     |  |  |  |
| <u>с</u> .             | Full Name of Individual (Last, First, Middle Initi<br>Bolcavage, Theodore, J, Mr.,             | al) or Full C | Organization Name                       |           | Date of         | Re   | eceipt    |         |       |             |     |  |  |  |
|                        | Mailing Address 207 Bryant St  |               |   |           | <sup>M</sup> 07 | /    | D<br>21   |         |       | 2023        | Ŷ   |  |  |  |
|                        | City   | State         | Zip Code                                |           | Trans           | act  | ion ID    | : A202  | 8-163 | 5683        |     |  |  |  |
|                        | Mechanicsburg  | PA            | 17050-4148                              | /         | Amount          | t of | Each I    | Receipt | this  | Period      | l   |  |  |  |
|                        | FEC ID number of contributing<br>federal political committee.                                  | С             |   |           |                 | y    | ,         |         | 115   | 39          |     |  |  |  |
|                        | Name of Employer (for Individual)  | 000           | upation (for Individual)                | -         | M               | ema  | o Item    |         |       |             |     |  |  |  |
|                        |  |               | e President                             |           |                 |      |           |         |       |             |     |  |  |  |
|                        | Receipt For:   |               | Year-to-Date ▼                          |           |                 |      |           |         |       |             |     |  |  |  |
|                        | Primary General  | Ayyreyale     |   |           |                 |      |           |         |       |             |     |  |  |  |
|                        | Other (specify)  | L             |   |           |                 |      |           |         |       |             |     |  |  |  |
| s                      | UBTOTAL of Receipts This Page (optional)   |               | •                                       |           |                 |      | 9         | ,       |       | 307.        | 71  |  |  |  |

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

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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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

FOR LINE NUMBER:

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|              | EIVIZED RECEIF 13   |               | Detailed Summary Page                   |                        | <b>X</b> 11                        | а               |           | 11b    | 11c                   |   | 12      |    |        |  |  |
|--------------|---|---------------|---|------------------------|------------------------------------|-----------------|-----------|--------|-----------------------|---|---------|----|--------|--|--|
|              |   |               |   |                        | 13                                 | 1               | $\square$ | 14     | 15                    |   | 16      | 1  | 17     |  |  |
|              | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |   |                        |                                    |                 |           |        |                       |   |         |    |        |  |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)   |               |   |                        |                                    |                 |           |        |                       |   |         |    |        |  |  |
| $\Big/$      | Select Medical Corporation PAC  |               |   |                        |                                    |                 |           |        |                       |   |         |    |        |  |  |
| Α.           | Full Name of Individual (Last, First, Middle Initia<br>Bolcavage, Theodore, J, Mr.,             | al) or Full C | Organization Name                       |                        | Date of Receipt                    |                 |           |        |                       |   |         |    |        |  |  |
|              | Mailing Address 207 Bryant St   |               |   |                        |                                    | <sup>™</sup>    | 1         | 04     |                       | 2 | 023     | Y  |        |  |  |
|              | City<br>Mechanicsburg   | State<br>PA   | Zip Code<br>17050-4148                  | _                      |                                    |                 |           |        | A2023-1<br>Receipt th |   |         |    |        |  |  |
|              | FEC ID number of contributing federal political committee.                                      | С             |   |                        |                                    |                 |           | ,      | -                     | _ | 115.3   | 89 | ]      |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | upation (for Individual)<br>e President |                        |                                    | Me              | emo       | ltem   |                       |   |         |    |        |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>1846.24               |                        |                                    |                 |           |        |                       |   |         |    |        |  |  |
| в.           | Full Name of Individual (Last, First, Middle Initia<br>Bolcavage, Theodore, J, Mr.,             | al) or Full C | Organization Name                       |                        | Date                               | e of            | Red       | ceipt  |                       |   |         |    |        |  |  |
|              | Mailing Address 207 Bryant St   |               |   | M M / D D / Y<br>08 18 |                                    |                 |           |        |                       |   |         |    |        |  |  |
|              | City  | State         | Zip Code                                |                        | Transaction ID : A2023-1884967     |                 |           |        |                       |   |         |    |        |  |  |
|              | Mechanicsburg   | PA            | 17050-4148                              |                        | Amount of Each Receipt this Period |                 |           |        |                       |   |         |    |        |  |  |
|              | FEC ID number of contributing federal political committee.                                      | С             |   |                        | 115.39                             |                 |           |        |                       |   |         |    |        |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | upation (for Individual)<br>e President |                        | Memo Item                          |                 |           |        |                       |   |         |    |        |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     |   |                        |                                    |                 |           |        |                       |   |         |    |        |  |  |
| <u>с.</u>    | Full Name of Individual (Last, First, Middle Initia<br>Bolcavage, Theodore, J, Mr.,             | al) or Full C | Organization Name                       |                        | Date                               | e of            | Red       | ceipt  |                       |   |         |    |        |  |  |
|              | Mailing Address 207 Bryant St   |               |   |                        |                                    | )9 <sup>M</sup> | /         | D 01   |                       |   | )<br>23 | Y  |        |  |  |
|              | City<br>Mechanicsburg   | State<br>PA   | Zip Code<br>17050-4148                  | -                      |                                    |                 |           |        | : A2023-1             |   |         |    |        |  |  |
|              | FEC ID number of contributing federal political committee.                                      | С             |   |                        | Amount of Each Receipt this Period |                 |           |        |                       |   |         |    |        |  |  |
|              |   |               | upation (for Individual)<br>President   |                        |                                    | Me              | emo       | Item   |                       |   |         |    |        |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Year-to-Date ▼<br>2077.02               |                        |                                    |                 |           |        |                       |   |         |    |        |  |  |
| ⊢            | UBTOTAL of Receipts This Page (optional)  |               |   | ····· <b>&gt;</b>      |                                    |                 |           | 9<br>7 |                       | + | 346.1   | 7  | ]<br>] |  |  |

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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| rederal political committee.       Image: Committee.  | butions<br>nittee.  |
|---|---------------------|
| 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       Date of Receipt         City       PA       17050-4148         FEC ID number of contributing<br>federal political committee.       C       Image: Committee of Individual)         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Select Medical Corporation       Vice President       Memo Item         B.       Bolcavage, Theodore, J, Mr.,       Aggregate Year-to-Date ▼       Image: Committee of Individual)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       Image: Committee of Individual)         B.       Bolcavage, Theodore, J, Mr.,       Mailing Address 207 Bryant St       Image: Committee of Individual)       Image: Committee of Individual)         Select Medical Corporation       Cocupation (for Individual)       Image: Committee of Individual)       Image: Committee of Image: Commitee of Image: Committee of Image: Committee | 3<br><b>)</b><br>od |
| A.       Bolcavage, Theodore, J, Mr.,       Date of Receipt         Mailing Address 207 Bryant St       City       State       Zip Code         City       PA       17050-4148       FEC ID number of contributing federal political committee.       Amount of Eaclo23230366         Name of Employer (for Individual)       Occupation (for Individual)       Vice President       Aggregate Year-to-Date ▼       Memo Item         B.       Bolcavage, Theodore, J, Mr.,       Aggregate Year-to-Date ▼       Date of Receipt       Transaction ID : A2023-213022         City       Qiter (specify) ▼       Image: Citer and Committee.         B.       Bolcavage, Theodore, J, Mr.,       Mailing Address 207 Bryant St       Image: Citer and Committee.       Image: Citer and Commitee.       Image:   | 3<br><b>)</b><br>od |
| B. Bolcavage, Theodore, J, Mr.,       Date of Receipt         Mailing Address 207 Bryant St       09       29       2023         City       State       Zip Code       Transaction ID : A2023-213022         Mechanicsburg       PA       17050-4148       Amount of Each Receipt this Perioderal political committee.         FEC ID number of contributing federal political committee.       C       Image: Committee.       Image: Committee.         Name of Employer (for Individual)       Occupation (for Individual)       Vice President       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       Image: Committee.       Image: Committee.       Image: Committee.         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       Image: Committee.         Bolcavage, Theodore, J, Mr.,       Image: Committee.       Image: Committee.       Image: Committee.         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       Image: Committee.         Mailing Address 207 Bryant St       Image: Committee.       Image: Committee.       Image: Committee.         Mailing Address 207 Bryant St       Image: Committee.       Image: Committee.       Image: Committee.   |                     |
| C. Bolcavage, Theodore, J, Mr.,<br>Mailing Address 207 Bryant St  | ;                   |
| Mechanicsburg       PA       17050-4148       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       1         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Select Medical Corporation       Vice President       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       2423.19         Other (specify)       2423.19       1   | 7                   |
| SUBTOTAL of Receipts This Page (optional)   |                     |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|  |  | for each category of the<br>Detailed Summary Page  |                 | 11a<br>13 |      | 11b     | 11c        | 12                                   | 17  |  |  |  |  |
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| Any information copied from such<br>or for commercial purposes, other  |  |  |                 | for the   |      | pose of | soliciting | g contribu                           | utions  |  |  |  |  |
| NAME OF COMMITTEE (In Fu   |  |  |                 |           |      |         |            |                                      |   |  |  |  |  |
| Full Name of Individual (Last, F         Bolcavage, Theodore, J, Mr         Mailing Address 207 Bryant St         City         Mechanicsburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individu Select Medical Corporation Receipt For:         Primary       General Other (specify) ▼ | al)  | rganization Name<br>Zip Code<br>17050-4148<br>upation (for Individual)<br>President<br>Year-to-Date ▼<br>2538.58 | Date of Receipt |           |      |         |            |                                      |   |  |  |  |  |
| Full Name of Individual (Last, F         Bolcavage, Theodore, J, M         Mailing Address 207 Bryant St         City         Mechanicsburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individu Select Medical Corporation Receipt For:         Primary       General Other (specify) ▼  | rganization Name<br>Zip Code<br>17050-4148<br>upation (for Individual)<br>⇒ President<br>Year-to-Date ▼<br>2653.97 |  | Date of Receipt |           |      |         |            |                                      |   |  |  |  |  |
| Full Name of Individual (Last, F         Bolcavage, Theodore, J,         Mailing Address 207 Bryant St         City         Mechanicsburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individu Select Medical Corporation Receipt For:         Primary       General Other (specify)      | Mr.,<br>State<br>PA<br>C<br>al)<br>Occu<br>Vice  | rganization Name<br>Zip Code<br>17050-4148<br>upation (for Individual)<br>President<br>Year-to-Date ▼<br>2769.36 |                 | Amount    | sact | 24      | A2023-2    | 2023<br>2587560<br>his Period<br>115 | t to the second |  |  |  |  |
| SUBTOTAL of Receipts This Pag  | ,  |  | ▶<br>_          |           |      | 9       | y          | 346                                  | .17   |  |  |  |  |
| TOTAL This Period (last page thi   | s line number only)  | ••••••   | •               |           |      | -       |            |                                      | e   |  |  |  |  |

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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|  | -<br>-   | Use separate schedule(s)                          | (check only one)        |                                      |           |         |  |  |  |  |  |
|--|--|---|-------------------------|--------------------------------------|-----------|---------|--|--|--|--|--|
| ITEMIZED RECEIPTS  | J  | for each category of the<br>Detailed Summary Page |                         | 1b 11c                               | 12        | <b></b> |  |  |  |  |  |
| Any information copied from suc                              |  |   |                         | se of soliciting                     |           |         |  |  |  |  |  |
| or for commercial purposes, oth                              |  | ddress of any political committe                  | e to solicit contributi | ons from such                        |           | 90.     |  |  |  |  |  |
|  | ,  |   |                         |                                      |           |         |  |  |  |  |  |
| / Select Medical Corp  | poration PAC                                   |   |                         |                                      |           |         |  |  |  |  |  |
| Full Name of Individual (Last                                | t, First, Middle Initial) or Full O            | organization Name                                 |                         |                                      |           |         |  |  |  |  |  |
| A. Bolcavage, Theodore, J,                                   |  |   | Date of Rece            | pipt                                 |           |         |  |  |  |  |  |
| Mailing Address 207 Bryant S                                 | St   |   | 12 /                    | D D / Y<br>08                        | 2023      | Y       |  |  |  |  |  |
| City   | State  | Zip Code  | Transaction             | n ID : A2023-2                       | 726335    |         |  |  |  |  |  |
| Mechanicsburg  | PA   | 17050-4148  | Amount of Ea            | ach Receipt th                       | is Period |         |  |  |  |  |  |
| FEC ID number of contributir                                 | ng   |   |                         |                                      | 115.3     | 20      |  |  |  |  |  |
| federal political committee.                                 | C  |   |                         |                                      | 113.3     |         |  |  |  |  |  |
| Name of Employer (for Indivi                                 | idual) Occi                                    | upation (for Individual)                          | Memo It                 | tem                                  |           |         |  |  |  |  |  |
| Select Medical Corporation                                   | ,  | e President                                       |                         |                                      |           |         |  |  |  |  |  |
| Receipt For:   | Aggregate                                      | Year-to-Date ▼                                    |                         |                                      |           |         |  |  |  |  |  |
| Primary Gene   |  |   |                         |                                      |           |         |  |  |  |  |  |
| Other (specify)  |  | 2884.75   |                         |                                      |           |         |  |  |  |  |  |
|  |  | <i>j j</i>  | -                       |                                      |           |         |  |  |  |  |  |
|  | t, First, Middle Initial) or Full O            | rganization Name                                  |                         |                                      |           |         |  |  |  |  |  |
| B. Bolcavage, Theodore, J,                                   |  |   | Date of Rece            | ipt                                  |           |         |  |  |  |  |  |
| Mailing Address 207 Bryant S                                 | št   |   | 12 <sup>M</sup>         | D D / Y<br>22                        | 2023      | Y       |  |  |  |  |  |
| City   | State  | Zip Code  |                         |                                      |           | _       |  |  |  |  |  |
| Mechanicsburg  | PA   | 17050-4148  |                         | <b>ID:A2023-28</b><br>ach Receipt th |           |         |  |  |  |  |  |
| <b>_</b>   |  |   |                         |                                      |           | _       |  |  |  |  |  |
| FEC ID number of contributir<br>federal political committee. | C  |   |                         |                                      | 115.2     | 25      |  |  |  |  |  |
| Name of Employer (for Indivi                                 | idual) Occ                                     | upation (for Individual)                          | Memo It                 | iem                                  |           |         |  |  |  |  |  |
| Select Medical Corporation                                   | Vice   | e President                                       |                         |                                      |           |         |  |  |  |  |  |
| Receipt For:   | Aggregate                                      | Year-to-Date 🔻                                    |                         |                                      |           |         |  |  |  |  |  |
| Primary Gene   | ral  | 2000.00   | 1                       |                                      |           |         |  |  |  |  |  |
| Other (specify) ▼  |  | 3000.00   |                         |                                      |           |         |  |  |  |  |  |
| Full Name of Individual (Last<br>C. Breighner, Robert, G, I  | t, First, Middle Initial) or Full O<br>Mr . Ir | organization Name                                 | Date of Rece            | aint                                 |           |         |  |  |  |  |  |
| Mailing Address 613 Carrie E                                 |  |   |                         | ·                                    | YY        | V       |  |  |  |  |  |
|  |  |   | 07                      | 07                                   | 2023      | ·       |  |  |  |  |  |
| City   | State  | Zip Code  | Transaction             | n ID : A2023-1                       | 633253    |         |  |  |  |  |  |
| Dallastown   | PA   | 17313   | Amount of Ea            | ach Receipt th                       | is Period |         |  |  |  |  |  |
| FEC ID number of contributir                                 | ng C   |   |                         |                                      | 115.3     | 0       |  |  |  |  |  |
| federal political committee.                                 |  |   |                         |                                      | 115.5     |         |  |  |  |  |  |
| Name of Employer (for Indivi                                 |  | upation (for Individual)                          | Memo li                 | tem                                  |           |         |  |  |  |  |  |
| Select Medical Corporation Vic                               |  | President   |                         |                                      |           |         |  |  |  |  |  |
|  |  | Year-to-Date ▼                                    |                         |                                      |           |         |  |  |  |  |  |
| Primary Gene   |  |   |                         |                                      |           |         |  |  |  |  |  |
| Other (specify)  |  | 1615.46   |                         |                                      |           |         |  |  |  |  |  |
|  |  | , ,   |                         |                                      |           |         |  |  |  |  |  |
|  |  |   |                         |                                      | 246.0     |         |  |  |  |  |  |
| SUBTOTAL of Receipts This P                                  | 'age (optional)                                | ······  | ·                       |                                      | 346.0     | 5       |  |  |  |  |  |
| TOTAL THE Desired ()   | this line much as a 1 Y                        |   |                         |                                      |           |         |  |  |  |  |  |
| TOTAL This Period (last page                                 | unis line number only)                         | ·····   |                         |                                      |           |         |  |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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

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|           | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |       |                    |          |        |                 |      |            |            |            |    |
|           | NAME OF COMMITTEE (In Full)   |               |       |                    |          |        |                 |      |            |            |            |    |
| $\rangle$ | Select Medical Corporation PAC  | ;             |       |                    |          |        |                 |      |            |            |            |    |
| V         | Full Name of Individual (Last, First, Middle Initi  | al) or Full ( | Orga  | nization Name      |          |        |                 |      |            |            |            |    |
| Α.        | Breighner, Robert, G, Mr., Jr.  |               | •     |                    |          |        | Date of         | f Re | eceipt     |            |            |    |
|           | Mailing Address 613 Carrie Drive  |               |       |                    |          |        | M M             | /    | D          | D / Y      | YY         | Y  |
|           |   |               |       | 1                  |          |        | 07              |      | 21         |            | 2023       |    |
|           | City  | State         |       | Zip Code           |          |        | Trans           | act  | ion ID :   | A2023-1    | 635696     |    |
|           | Dallastown  | PA            |       | 17313              |          | _      | Amoun           | t of | Each F     | Receipt th | nis Period |    |
|           | FEC ID number of contributing federal political committee.                                      | С             |       |                    |          |        |                 |      |            |            | 115.3      | 39 |
|           | Name of Employer (for Individual)   | 000           | cuna  | tion (for Individu | al)      | _      | М               | emc  | ltem       |            |            |    |
|           | Select Medical Corporation  |               | •     | esident            | ai)      |        | L               | onne | ,          |            |            |    |
|           | Receipt For:  |               |       |                    |          | _      |                 |      |            |            |            |    |
|           | Primary General   | Aggregate     | e vea | r-to-Date ▼        |          |        |                 |      |            |            |            |    |
|           | Other (specify) ▼   | 1             |       |                    | 1730.85  |        |                 |      |            |            |            |    |
|           |   |               | -     |                    | 1 40 1   |        |                 |      |            |            |            |    |
|           | Full Name of Individual (Last, First, Middle Initi  | al) or Full ( | Orga  | nization Name      |          |        |                 |      |            |            |            |    |
| В.        | Breighner, Robert, G, Mr., Jr.  |               |       |                    |          |        | Date of         | f Re | eceipt     |            |            |    |
|           | Mailing Address 613 Carrie Drive  |               |       |                    |          |        | 08              | /    | D<br>04    |            | 2023       | Y  |
|           | City  | State         |       | Zip Code           |          |        | Trans           | acti | on ID :    | A2023-1    | 679304     |    |
|           | Dallastown  | PA            |       | 17313              |          |        | Amoun           | t of | Each F     | Receipt th | nis Period |    |
|           | FEC ID number of contributing federal political committee.                                      | С             |       |                    |          |        |                 |      | -          |            | 115.3      | 39 |
|           | Name of Employer (for Individual)   | Oc            | cupa  | tion (for Individu | al)      | _      | M               | emc  | Item       |            |            |    |
|           | Select Medical Corporation  |               | •     | esident            | /        |        |                 |      |            |            |            |    |
|           | Receipt For:  | Aggregate     | e Yea | ar-to-Date ▼       |          |        |                 |      |            |            |            |    |
|           | Primary General   | , iggi oguto  |       |                    |          |        |                 |      |            |            |            |    |
|           | Other (specify) ▼   | L             | ,     |                    | 1846.24  |        |                 |      |            |            |            |    |
| с.        | Full Name of Individual (Last, First, Middle Initi<br>Breighner, Robert, G, Mr., Jr.            | al) or Full ( | Orga  | nization Name      |          |        | Date of         | f Re | eceipt     |            |            |    |
|           | Mailing Address 613 Carrie Drive  |               |       |                    |          |        | 08 <sup>M</sup> | /    | D<br>18    |            | 2023       | Y  |
|           | City  | State         |       | Zip Code           |          |        | Trans           | sact | ion ID :   | : A2023-1  | 884980     |    |
|           | Dallastown  | PA            |       | 17313              |          |        | Amoun           | t of | Each F     | Receipt th | nis Period |    |
|           | FEC ID number of contributing federal political committee.                                      | С             |       |                    |          |        | [.              |      | , .        | , y        | 115.3      | 39 |
|           | Name of Employer (for Individual)   | 000           | cunat | tion (for Individu | al)      | -      | M               | emo  | ltem       |            |            |    |
|           | Select Medical Corporation  |               | •     | esident            |          |        |                 |      |            |            |            |    |
|           | Receipt For:  | Aggregate     | , Yes | ur-to-Date ▼       |          | $\neg$ |                 |      |            |            |            |    |
|           | Primary General   | , iggi oguto  |       |                    |          |        |                 |      |            |            |            |    |
|           | Other (specify)   | L             |       |                    | 1961.63  |        |                 |      |            |            |            |    |
| ⊢         | UBTOTAL of Receipts This Page (optional)  |               |       |                    |          |        |                 |      | , .<br>, . | · ·        | 346.1      | 7  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page   | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$  |  |  |  |  |  |  |  |  |  |
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| Any information copied from such Reports and Statements<br>or for commercial purposes, other than using the name an   | may not be sold or used by any period address of any political committee  | erson for the purpose of soliciting contributions   |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full) Select Medical Corporation PAC  |   |   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initial) or Ful         A.       Breighner, Robert, G, Mr., Jr.         Mailing Address 613 Carrie Drive         City       State         Dallastown       PA         FEC ID number of contributing federal political committee.       C | Il Organization Name<br>Zip Code<br>17313   | Date of Receipt<br>09 01 2023<br>Transaction ID : A2023-1924755<br>Amount of Each Receipt this Period<br>115.39       |  |  |  |  |  |  |  |  |  |
| Select Medical Corporation  | Dccupation (for Individual)<br>Vice President<br>ate Year-to-Date ▼<br>2077.02                                      | Memo Item   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initial) or Full         Breighner, Robert, G, Mr., Jr.         Mailing Address 613 Carrie Drive         City       State         Dallastown       PA         FEC ID number of contributing       C                                      | Il Organization Name<br>Zip Code<br>17313   | Date of Receipt<br>09<br>15<br>2023<br>Transaction ID : A2023-2036973<br>Amount of Each Receipt this Period<br>115.39 |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)     C       Select Medical Corporation     C  | Dccupation (for Individual)<br>Vice President<br>ate Year-to-Date ▼<br>2192.41                                      | Memo Item   |  |  |  |  |  |  |  |  |  |
| C. Full Name of Individual (Last, First, Middle Initial) or Full Breighner, Robert, G, Mr., Jr.<br>Mailing Address 613 Carrie Drive   | Il Organization Name  | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Dallastown     PA       FEC ID number of contributing<br>federal political committee.     C       Name of Employer (for Individual)<br>Select Medical Corporation     C   | 2ip Code       17313       Deccupation (for Individual)       /ice President       ate Year-to-Date ▼       2307.80 | Amount of Each Receipt this Period  115.39  Memo Item   |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   |   | 346.17  |  |  |  |  |  |  |  |  |  |

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| SCHEDULE A   | (FEC Form 3X) |
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|   |   | for each category of the<br>Detailed Summary Page  |   | < 11a<br>13 | F    | 11b           | 11                  | ŀ        | 12<br>16                                  | 17    |  |  |  |
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| Any information copied from such Reports and<br>or for commercial purposes, other than using t  |   |  |   | for the     |      | pose o        | of solic            | iting    | contribut                                 | tions |  |  |  |
| NAME OF COMMITTEE (In Full) Select Medical Corporation P/   | ٩C  |  |   |             |      |               |                     |          |   |       |  |  |  |
| Full Name of Individual (Last, First, Middle         Breighner, Robert, G, Mr., Jr.         Mailing Address 613 Carrie Drive         City         Dallastown         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ | State<br>PA<br>C<br>Occu<br>Vice  | rganization Name<br>Zip Code<br>17313<br>upation (for Individual)<br>President<br>Year-to-Date ▼<br>2423.19  | Date of Receipt<br>10 13 2023 Transaction ID : A2023-2294560<br>Amount of Each Receipt this Period<br>115.39<br>Memo Item |             |      |               |                     |          |   |       |  |  |  |
| Full Name of Individual (Last, First, Middle Breighner, Robert, G, Mr., Jr.         Mailing Address 613 Carrie Drive         City         Dallastown         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify)           | rganization Name<br>Zip Code<br>17313<br>upation (for Individual)<br>e President<br>Year-to-Date ▼<br>2538.58 | Date of Receipt Date of Receip |   |             |      |               |                     |          |   |       |  |  |  |
| Full Name of Individual (Last, First, Middle Breighner, Robert, G, Mr., Jr.         Mailing Address 613 Carrie Drive         City         Dallastown         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify)           | State<br>PA<br>C<br>Occu<br>Vice  | rganization Name<br>Zip Code<br>17313<br>upation (for Individual)<br>President<br>Year-to-Date ▼<br>2653.97  |   | Amour       | sact | 1(<br>tion ID | )<br>: <b>A20</b> 2 |          | 2023<br><b>65166</b><br>s Period<br>115.3 |       |  |  |  |
| SUBTOTAL of Receipts This Page (optional).  |   |  | <u> </u>  |             | -    | ,             |                     | _        | 346.1                                     | 7     |  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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|                      | EMIZED RECEIPTS   |             |      | or each category of the<br>Detailed Summary Page |                                    | -          |       | ] 11b  |      | 11c                   |      | 12               |      |    |  |
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| $\overline{\langle}$ | NAME OF COMMITTEE (In Full)   |             |      |  |                                    |            |       | Julioi | 10 1 |                       | - 00 |                  |      |    |  |
| $\rangle$            | Select Medical Corporation PAC  |             |      |  |                                    |            |       |        |      |                       |      |                  |      |    |  |
| Α.                   | Full Name of Individual (Last, First, Middle Initial)<br>Breighner, Robert, G, Mr., Jr.<br>Mailing Address 613 Carrie Drive | or Full O   | rgar | nization Name                                    | _                                  | Date o     |       | · ·    |      |                       | V    | Ý                | W.   |    |  |
|                      | City  | State       |      | Zip Code   | _                                  | 11<br>Tran |       |        | 24   | A2023-2               | 20   | 023              | T    |    |  |
|                      | Dallastown  | PA          |      | 17313  |                                    |            |       |        |      |                       |      |                  |      |    |  |
|                      | FEC ID number of contributing federal political committee.  | С           |      |  | Amount of Each Receipt this Period |            |       |        |      |                       |      |                  |      |    |  |
|                      | Name of Employer (for Individual)<br>Select Medical Corporation   |             | •    | ion (for Individual)<br>esident                  |                                    | N          | lemo  | o Iter | n    |                       |      |                  |      |    |  |
|                      | Receipt For:       µ         Primary       General         Other (specify) ▼  | Aggregate   | Yea  | r-to-Date ▼<br>2769.36                           |                                    |            |       |        |      |                       |      |                  |      |    |  |
| в.                   | Full Name of Individual (Last, First, Middle Initial)<br>Breighner, Robert, G, Mr., Jr.                                     | or Full O   | rgar | nization Name                                    |                                    | Date o     | of Re | eceip  | t    |                       |      |                  |      |    |  |
|                      | Mailing Address 613 Carrie Drive  |             |      |  |                                    | 12 08 2023 |       |        |      |                       |      |                  |      |    |  |
|                      | City<br>Dallastown  | State<br>PA |      | Zip Code<br>17313                                |                                    |            |       |        |      | A2023-2<br>leceipt th |      |                  |      |    |  |
|                      | FEC ID number of contributing federal political committee.  | С           |      |  |                                    | <u> </u>   |       | -      |      | -                     | _    | 115.3            | 39   |    |  |
|                      | Name of Employer (for Individual)<br>Select Medical Corporation   |             | •    | tion (for Individual)<br>esident                 |                                    | N          | lemo  | o Iter | n    |                       |      |                  |      |    |  |
|                      | Receipt For:       µ         Primary       General         Other (specify) ▼  | Aggregate   | Yea  | r-to-Date ▼<br>2884.75                           |                                    |            |       |        |      |                       |      |                  |      |    |  |
| с.                   | Full Name of Individual (Last, First, Middle Initial)<br>Breighner, Robert, G, Mr., Jr.                                     | or Full O   | rgar | nization Name                                    |                                    | Date o     | of Re | eceip  | t    |                       |      |                  |      |    |  |
|                      | Mailing Address 613 Carrie Drive  |             |      |  |                                    | 12         | /     | D      | 22   |                       |      | 023 <sup>°</sup> | Y    |    |  |
|                      | City  | State<br>PA |      | Zip Code   |                                    |            |       |        |      | A2023-2               |      |                  |      |    |  |
|                      | Dallastown  | FA          | _    | 17313  | _                                  | Amour      | nt of | Eac    | h R  | leceipt th            | is F | 'eriod           |      |    |  |
|                      | FEC ID number of contributing federal political committee.  | С           |      |  |                                    | Ľ.         |       | y      | _    |                       | _    | 115.2            | 25   | 1  |  |
|                      | Name of Employer (for Individual)<br>Select Medical Corporation   |             | •    | ion (for Individual)<br>esident                  |                                    | N          | lemo  | o Itei | m    |                       |      |                  |      |    |  |
|                      | Receipt For:     //       Primary     General       Other (specify)   | Aggregate   | Yea  | ar-to-Date ▼<br>3000.00                          |                                    |            |       |        |      |                       |      |                  |      |    |  |
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| SCHEDULE A   | (FEC Form 3X) |
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|               | EMIZED RECEIPTS   |              | for each category of the<br>Detailed Summary Page | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$                      |  |  |  |  |  |  |  |  |  |
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|               | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n                   |              |   | erson for the purpose of soliciting contributions                           |  |  |  |  |  |  |  |  |  |
| $\backslash$  | NAME OF COMMITTEE (In Full)   |              |   |   |  |  |  |  |  |  |  |  |  |
| $\Big\rangle$ | Select Medical Corporation PAC  |              |   |   |  |  |  |  |  |  |  |  |  |
| Α.            | Full Name of Individual (Last, First, Middle Initia<br>Brozowsky, Diane, M, Ms.,<br>Mailing Address 1795 Alpine Ave | l) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |
|               | City  | State        | Zip Code  | 07 07 2023  |  |  |  |  |  |  |  |  |  |
|               | Boulder   | CO           | 80304-3649  | Transaction ID : A2023-1633268           Amount of Each Receipt this Period |  |  |  |  |  |  |  |  |  |
|               | FEC ID number of contributing federal political committee.  | С            |   | 115.39  |  |  |  |  |  |  |  |  |  |
|               | Name of Employer (for Individual)<br>Select Medical Corporation   |              | upation (for Individual)<br>President             | Memo Item   |  |  |  |  |  |  |  |  |  |
|               | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate    | Year-to-Date ▼<br>1615.46                         |   |  |  |  |  |  |  |  |  |  |
| <u> </u>      | Full Name of Individual (Last, First, Middle Initia<br>Brozowsky, Diane, M, Ms.,                                    | l) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |
|               | Mailing Address 1795 Alpine Ave   |              |   | 07 21 2023  |  |  |  |  |  |  |  |  |  |
|               | City<br>Boulder   | State<br>CO  | Zip Code<br>80304-3649                            | Transaction ID : A2023-1635711<br>Amount of Each Receipt this Period        |  |  |  |  |  |  |  |  |  |
|               | FEC ID number of contributing federal political committee.  | С            |   | 115.39  |  |  |  |  |  |  |  |  |  |
|               | Name of Employer (for Individual)<br>Select Medical Corporation   |              | upation (for Individual)<br>e President           | Memo Item   |  |  |  |  |  |  |  |  |  |
|               | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate    | Year-to-Date ▼<br>1730.85                         |   |  |  |  |  |  |  |  |  |  |
| С.            | Full Name of Individual (Last, First, Middle Initia<br>Brozowsky, Diane, M, Ms.,                                    | l) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |  |
|               | Mailing Address 1795 Alpine Ave   |              |   | 08 / D / Y Y Y Y<br>2023  |  |  |  |  |  |  |  |  |  |
|               | City<br>Boulder   | State<br>CO  | Zip Code<br>80304-3649                            | Transaction ID : A2023-1679319<br>Amount of Each Receipt this Period        |  |  |  |  |  |  |  |  |  |
|               | FEC ID number of contributing federal political committee.  | С            |   | 115.39  |  |  |  |  |  |  |  |  |  |
|               | Name of Employer (for Individual)<br>Select Medical Corporation   |              | upation (for Individual)<br>President             | Memo Item   |  |  |  |  |  |  |  |  |  |
|               | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate    | Year-to-Date ▼<br>1846.24                         |   |  |  |  |  |  |  |  |  |  |
|               | UBTOTAL of Receipts This Page (optional)  |              |   | 346.17  |  |  |  |  |  |  |  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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|   | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |
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| Any information copied from such Reports and Statemen<br>or for commercial purposes, other than using the name a  |   |   |
| NAME OF COMMITTEE (In Full) Select Medical Corporation PAC  |   |   |
| Full Name of Individual (Last, First, Middle Initial) or F         A.       Brozowsky, Diane, M, Ms.,         Mailing Address 1795 Alpine Ave         City       Stat         Boulder       CO         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Select Medical Corporation         Receipt For:       Aggree         Primary       General         Other (specify) ▼       Image: Committee | e Zip Code  | Date of Receipt   |
| Full Name of Individual (Last, First, Middle Initial) or F         B. Brozowsky, Diane, M, Ms.,         Mailing Address 1795 Alpine Ave         City       Stat         Boulder       CO         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Select Medical Corporation         Receipt For:       Primary         Other (specify) ▼       Aggree  | e Zip Code  | Date of Receipt   |
| Full Name of Individual (Last, First, Middle Initial) or F         Brozowsky, Diane, M, Ms.,         Mailing Address 1795 Alpine Ave         City       Stat         Boulder       CO         FEC ID number of contributing       C         federal political committee.       C         Name of Employer (for Individual)       Select Medical Corporation         Receipt For:       Aggre         Other (specify)       C  | e Zip Code  | Date of Receipt   |
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| SCHEDULE A   | (FEC Form 3X) |
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Use separate schedule(s) for each category of the Detailed Summary Page

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|              | EIVIZED RECEIPTS   |  |            | Detailed Summary Page              |                                    | 11a                            |       | 11b    | 11c                |   | 12    |    |  |  |  |
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| $\backslash$ | NAME OF COMMITTEE (In Full)  |  |            |                                    |                                    |                                |       |        |                    |   |       |    |  |  |  |
|              | Select Medical Corporation PAC   | )  |            |                                    |                                    |                                |       |        |                    |   |       |    |  |  |  |
| A.           | Full Name of Individual (Last, First, Middle Init<br>Brozowsky, Diane, M, Ms.,                 | ial) or Full O   | rga        | nization Name                      | Date of Receipt                    |                                |       |        |                    |   |       |    |  |  |  |
|              | Mailing Address 1795 Alpine Ave  |  |            | 1                                  |                                    | 09                             | /     | 29     |                    |   | 2023  | Y  |  |  |  |
|              | City<br>Boulder  | State<br>CO  |            | Zip Code<br>80304-3649             |                                    |                                |       |        | : A2023<br>Receipt | - |       |    |  |  |  |
|              | FEC ID number of contributing federal political committee.                                     | С  | l          |                                    |                                    |                                |       | 1      | , ioooipt          |   | 115.3 | 39 |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                |  | •          | tion (for Individual)<br>esident   |                                    | N                              | lemo  | o Item |                    |   |       |    |  |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate  | Yea        | ar-to-Date ▼<br>2307.80            |                                    |                                |       |        |                    |   |       |    |  |  |  |
| в.           | Full Name of Individual (Last, First, Middle Init<br>Brozowsky, Diane, M, Ms.,                 | e of Individual (Last, First, Middle Initial) or Full Organization Name<br>sky, Diane, M, Ms., Date of Receipt |            |                                    |                                    |                                |       |        |                    |   |       |    |  |  |  |
|              | Mailing Address 1795 Alpine Ave  |  |            |                                    |                                    | 10 13 2023                     |       |        |                    |   |       |    |  |  |  |
|              | City   | State  |            | Zip Code                           |                                    | Transaction ID : A2023-2294515 |       |        |                    |   |       |    |  |  |  |
|              | Boulder  | CO   | 80304-3649 | Amount of Each Receipt this Period |                                    |                                |       |        |                    |   |       |    |  |  |  |
|              | FEC ID number of contributing federal political committee.                                     | С  |            |                                    |                                    | 115.39                         |       |        |                    |   |       |    |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                |  | •          | tion (for Individual)<br>esident   |                                    | N                              | lemo  | o Item |                    |   |       |    |  |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate  | Yea        | ar-to-Date ▼<br>2423.19            |                                    |                                |       |        |                    |   |       |    |  |  |  |
| <u></u>      | Full Name of Individual (Last, First, Middle Init<br>Brozowsky, Diane, M, Ms.,                 | ial) or Full O   | rga        | nization Name                      |                                    | Date of                        | of Re | eceipt |                    |   |       |    |  |  |  |
|              | Mailing Address 1795 Alpine Ave  |  |            |                                    |                                    | <sup>™</sup> 10                | /     | D 2    |                    |   | 2023  | Y  |  |  |  |
|              | City<br>Boulder  | State<br>CO  |            | Zip Code<br>80304-3649             |                                    |                                |       |        | : A2023<br>Receipt |   |       |    |  |  |  |
|              | FEC ID number of contributing federal political committee.                                     | С  |            |                                    | Amount of Each Receipt this Period |                                |       |        |                    |   |       |    |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                |  |            | tion (for Individual)<br>esident   |                                    | Memo Item                      |       |        |                    |   |       |    |  |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate  | Yea        | ar-to-Date ▼<br>2538.58            |                                    |                                |       |        |                    |   |       |    |  |  |  |
|              | UBTOTAL of Receipts This Page (optional)   |  |            | •                                  | -                                  |                                | -     | , ,    | . ,                | + | 346.1 | 7  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED RECEIPTS  | tor each category of the<br>Detailed Summary Page   |  |  |  |  |  |  |  |
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| Any information copied from such Reports and<br>or for commercial purposes, other than using   | d Statements may not be sold or used by the name and address of any political com   | any person for the purpose of soliciting contributions numitee to solicit contributions from such committee. |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  |   |  |  |  |  |  |  |  |
| Select Medical Corporation P   | AC  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br><b>A.</b> Brozowsky, Diane, M, Ms.,<br>Mailing Address 1795 Alpine Ave<br>City<br>Boulder<br>FEC ID number of contributing<br>federal political committee.                           | Initial) or Full Organization Name          State       Zip Code         C       80304-3649                                 | Date of Receipt  |  |  |  |  |  |  |
| Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼  | Occupation (for Individual)         Vice President         Aggregate Year-to-Date ▼         2653.91                         | 7 Memo Item  |  |  |  |  |  |  |
| B. Full Name of Individual (Last, First, Middle<br>Brozowsky, Diane, M, Ms.,<br>Mailing Address 1795 Alpine Ave<br>City  | Mailing Address 1795 Alpine Ave   |  |  |  |  |  |  |  |
| Boulder         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ | CO     80304-3649       C     Occupation (for Individual)<br>Vice President       Aggregate Year-to-Date ▼       2769.3     | Amount of Each Receipt this Period  115.39 Memo Item   |  |  |  |  |  |  |
| C. Full Name of Individual (Last, First, Middle<br>Brozowsky, Diane, M, Ms.,<br>Mailing Address 1795 Alpine Ave  | Initial) or Full Organization Name  | Date of Receipt<br>12 08 2023<br>Transaction ID : A2023-2726362  |  |  |  |  |  |  |
| Boulder         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify)   | CO     80304-3649       C     Occupation (for Individual)       Vice President       Aggregate Year-to-Date ▼       2884.74 | Amount of Each Receipt this Period 115.39 Memo Item 5  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional).   |   | 346.17   |  |  |  |  |  |  |

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

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|  | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r |                |        |                    |     |                                    |           |              |        |    |  |  |  |  |  |
| $\setminus$  | NAME OF COMMITTEE (In Full)   |                |        |                    |     |                                    |           |              |        |    |  |  |  |  |  |
|  | Select Medical Corporation PAC  |                |        |                    |     |                                    |           |              |        |    |  |  |  |  |  |
|  | Full Name of Individual (Last, First, Middle Initia   | l) or Full Org | ganiz  | ation Name         |     |                                    |           |              |        |    |  |  |  |  |  |
| Α.   | Brozowsky, Diane, M, Ms.,   |                |        |                    |     | Date of                            | Receipt   |              |        |    |  |  |  |  |  |
|  | Mailing Address 1795 Alpine Ave   |                |        |                    |     | M M                                | / D       | D / Y        | YY     | Y  |  |  |  |  |  |
|  |   | 1-             |        |                    |     | 12                                 | 22        | 2            | 2023   |    |  |  |  |  |  |
|  | City  | State<br>CO    | Z      | ip Code            |     | Trans                              | action ID | : A2023-280  | )2127  |    |  |  |  |  |  |
|  | Boulder   |                |        | 80304-3649         |     | Amount of Each Receipt this Period |           |              |        |    |  |  |  |  |  |
|  | FEC ID number of contributing federal political committee.  | С              |        |                    |     | 115.25                             |           |              |        |    |  |  |  |  |  |
|  | Name of Employer (for Individual)   | Occur          | natio  | n (for Individual) |     | Me                                 | emo Item  |              |        |    |  |  |  |  |  |
|  | Select Medical Corporation  | Vice F         | •      | ,                  |     |                                    |           |              |        |    |  |  |  |  |  |
|  | Receipt For:  |                |        |                    |     |                                    |           |              |        |    |  |  |  |  |  |
|  | Primary General   | Aggregate Y    | rear-i |                    | - L |                                    |           |              |        |    |  |  |  |  |  |
|  | Other (specify) V   |                |        | 3000.00            |     |                                    |           |              |        |    |  |  |  |  |  |
|  |   |                | 7      |                    | 11  |                                    |           |              |        |    |  |  |  |  |  |
|  | Full Name of Individual (Last, First, Middle Initia   | l) or Full Org | ganiz  | ation Name         |     |                                    |           |              |        |    |  |  |  |  |  |
| В.   | Cannon, Matthew, D, ,   |                |        |                    |     | Date of                            | Receipt   |              |        |    |  |  |  |  |  |
|  | Mailing Address 19073 Twilight Trl  |                |        |                    |     | 07 07 2023                         |           |              |        |    |  |  |  |  |  |
|  | City  | State          | Z      | ip Code            |     | Trans                              | action ID | : A2023-163  | 33282  |    |  |  |  |  |  |
|  | Eden Prairie  | MN             |        | 55346-4047         |     |                                    |           | Receipt this |        |    |  |  |  |  |  |
|  | FEC ID number of contributing federal political committee.  | С              |        |                    |     | 192.31                             |           |              |        |    |  |  |  |  |  |
|  | Name of Employer (for Individual)   | Occur          | patio  | n (for Individual) |     | Memo Item                          |           |              |        |    |  |  |  |  |  |
|  | Select Medical Corporation  | Vice I         |        |                    |     |                                    |           |              |        |    |  |  |  |  |  |
|  | Receipt For:  | Aggregate Y    | /ear-t | o-Date ▼           |     |                                    |           |              |        |    |  |  |  |  |  |
|  | Primary General   | Aggregate      |        |                    | - L |                                    |           |              |        |    |  |  |  |  |  |
|  | Other (specify)   |                | ,      | 2692.34            | 4   |                                    |           |              |        |    |  |  |  |  |  |
| <u> </u>   | Full Name of Individual (Last, First, Middle Initia Cannon, Matthew, D, ,                         | l) or Full Org | ganiz  | ation Name         |     | Date of                            | Receipt   |              |        |    |  |  |  |  |  |
|  | Mailing Address 19073 Twilight Trl  |                |        |                    |     | M M                                | / D       | D / Y        | YY     | Y  |  |  |  |  |  |
|  |   |                |        |                    |     | 07                                 | 21        |              | 2023   |    |  |  |  |  |  |
|  | City  | State          | Z      | ïp Code            |     | Trans                              | action ID | : A2023-16   | 35725  |    |  |  |  |  |  |
|  | Eden Prairie  | MN             |        | 55346-4047         |     | Amount                             | of Each   | Receipt this | Period |    |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   |   |                |        |                    |     |                                    | . , .     | . , .        | 192.3  | 31 |  |  |  |  |  |
| Name of Employer (for Individual) Occupation (for Individual)  |   |                |        |                    |     | M                                  | emo Item  |              |        |    |  |  |  |  |  |
| Name of Employer (for Individual)     Occupation (for In       Select Medical Corporation     Vice President       Receipt For:     Aggregate Year-to-Date |   |                |        | ( )                |     |                                    |           |              |        |    |  |  |  |  |  |
|  |   |                |        |                    |     |                                    |           |              |        |    |  |  |  |  |  |
|  | Primary General   | Aggregate f    | rear-i |                    | - L |                                    |           |              |        |    |  |  |  |  |  |
|  | Other (specify)   |                | ,      | 2884.65            | 4   |                                    |           |              |        |    |  |  |  |  |  |
|  |   |                |        |                    | I   |                                    |           |              | 499.8  | 7  |  |  |  |  |  |
| S  | UBTOTAL of Receipts This Page (optional)  |                |        |                    |     |                                    | y         |              | 499.0  |    |  |  |  |  |  |
| Т  | OTAL This Period (last page this line number or   | ıly)           |        |                    |     | . L                                |           |              | 1      |    |  |  |  |  |  |

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

| SCHEDULE A   | (FEC Form | 3X) |
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| ITEMIZED REC | EIPTS     |     |

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|                                | EMIZED RECEIPTS   |  |                 | or each category of the<br>Detailed Summary Page                                      |                 | X 11a | F  | _                   | 1b<br>4               | 11c                         |                              | 12<br>16 | 17 |  |  |  |
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|                                | y information copied from such Reports and State<br>for commercial purposes, other than using the na  |  |                 | n for the   |                 | Jrpo  | se of  | soliciting          | g cont                | tribut                      | ions                         |          |    |  |  |  |
|                                | NAME OF COMMITTEE (In Full)         Select Medical Corporation PAC  |  |                 |   |                 |       |  |                     |                       |                             |                              |          |    |  |  |  |
| Select Medical Corporation Vic |   |  |                 | Tip Code<br>55346-4047<br>tion (for Individual)<br>esident<br>tr-to-Date ▼<br>3076.96 | Date of Receipt |       |  |                     |                       |                             |                              |          |    |  |  |  |
| в.                             | Other (specify) ▼<br>Full Name of Individual (Last, First, Middle Initial)<br>Cannon, Matthew, D, ,<br>Mailing Address 19073 Twilight Trl<br>City   | _  | Date of Receipt |   |                 |       |  |                     |                       |                             |                              |          |    |  |  |  |
|                                | Eden Prairie<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Select Medical Corporation<br>Descript For:   | nittee.<br>or Individual)<br>ration Occupation (for Individual)<br>Vice President Aggregate Year-to-Date ▼ General |                 |   |                 |       | Transaction ID : A2023-1885009         Amount of Each Receipt this Period         192.31         Memo Item |                     |                       |                             |                              |          |    |  |  |  |
| C.                             | Full Name of Individual (Last, First, Middle Initial)         Cannon, Matthew, D, ,         Mailing Address 19073 Twilight Trl         City         Eden Prairie         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary         General         Other (specify) | State<br>MN<br>C<br>Occu<br>Vice   | upat<br>Pre     | Tip Code<br>55346-4047<br>tion (for Individual)<br>esident<br>ur-to-Date ▼<br>3461.58 |                 | Amou  | M<br>nsac  | /<br>ction<br>of Ea | 01<br>n ID :<br>ach R | / Y<br>A2023-1<br>eccipt th | 202<br><b>9247</b><br>his Pe | '84      |    |  |  |  |
| s                              | UBTOTAL of Receipts This Page (optional)  |  |                 |   |                 |       |  | _,                  |                       | ,                           | į                            | 576.9    | 3  |  |  |  |
| т                              | OTAL This Period (last page this line number only   | y)   |                 | ••••••  | ۲               |       | _  | 7                   | _                     |                             | _                            |          |    |  |  |  |

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

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| 171       |   |                 | Use separate schedule(s)                          | (ch        | eck only                           | ck only one) |          |                             |        |          |   |  |  |  |
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| 111       |   |                 | for each category of the<br>Detailed Summary Page |            | <b>K</b> 11a                       |              | 11b      | 11c                         | 12     | <b>–</b> | 7 |  |  |  |
|           | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n |                 |   |            |                                    |              |          |                             |        |          |   |  |  |  |
|           | NAME OF COMMITTEE (In Full)   |                 |   |            |                                    |              |          |                             |        |          |   |  |  |  |
| $\rangle$ | Select Medical Corporation PAC  |                 |   |            |                                    |              |          |                             |        |          |   |  |  |  |
| Α.        | Full Name of Individual (Last, First, Middle Initia Cannon, Matthew, D, ,                         | Date of Receipt |   |            |                                    |              |          |                             |        |          |   |  |  |  |
|           | Mailing Address 19073 Twilight Trl  |                 |   | 09 15 2023 |                                    |              |          |                             |        |          |   |  |  |  |
|           | City<br>Eden Prairie  | State<br>MN     | Zip Code<br>55346-4047                            |            |                                    |              |          | <b>A2023-2</b><br>eceipt th |        | d        | - |  |  |  |
|           | FEC ID number of contributing federal political committee.  | С               |   |            | <u> </u>                           |              | <b>y</b> | - 41-                       | 19     | 2.31     |   |  |  |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation                                   |                 | pation (for Individual)<br>President              |            | Me                                 | emo          | Item     |                             |        |          |   |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼  |                 |   |            |                                    |              |          |                             |        |          |   |  |  |  |
| в.        | Full Name of Individual (Last, First, Middle Initia Cannon, Matthew, D, ,                         | l) or Full Or   | ganization Name                                   |            | Date of                            | Re           | ceipt    |                             |        |          |   |  |  |  |
|           | Mailing Address 19073 Twilight Trl  |                 | 09 / 29 / Y Y Y Y                                 |            |                                    |              |          |                             | Y      |          |   |  |  |  |
|           | City<br>Eden Prairie  | State<br>MN     | Zip Code<br>55346-4047                            | _          |                                    |              |          | A2023-2                     |        | -1       |   |  |  |  |
|           | FEC ID number of contributing   | C               | 33340-4047  |            | Amount of Each Receipt this Period |              |          |                             |        |          |   |  |  |  |
|           | federal political committee.  |                 |   |            |                                    | 4            |          | -                           | 10     |          |   |  |  |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation                                   |                 | ipation (for Individual)<br>President             |            | Me                                 | emo          | ltem     |                             |        |          |   |  |  |  |
|           |   | Aggregate `     | Year-to-Date ▼                                    |            |                                    |              |          |                             |        |          |   |  |  |  |
|           | Other (specify) ▼   |                 | , 3846.20   |            |                                    |              |          |                             |        |          |   |  |  |  |
| с.        | Full Name of Individual (Last, First, Middle Initia<br>Cannon, Matthew, D, ,                      | l) or Full Or   | rganization Name                                  |            | Date of                            | Re           | ceipt    |                             |        |          |   |  |  |  |
|           | Mailing Address 19073 Twilight Trl  |                 |   |            | <sup>M</sup> 10                    | /            | D D D 13 | / Y                         | 2023 Y | Y        | 1 |  |  |  |
|           | City<br>Eden Prairie  | State<br>MN     | Zip Code<br>55346-4047                            |            | Trans<br>Amount                    |              |          | A2023-2<br>eceipt th        |        | d        | _ |  |  |  |
|           | FEC ID number of contributing federal political committee.  | С               |   |            | <u> </u>                           |              | y :      | , <u>,</u>                  | 192    | 2.31     |   |  |  |  |
|           |   |                 | pation (for Individual)<br>President              |            | Me                                 | emo          | ltem     |                             |        |          |   |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Y     | Year-to-Date ▼<br>4038.51                         |            |                                    |              |          |                             |        |          |   |  |  |  |
| s         | UBTOTAL of Receipts This Page (optional)  |                 |   | •          |                                    |              | , ,      |                             | 576    | 6.93     |   |  |  |  |
| т         | OTAL This Period (last page this line number on   | ly)             | <b>&gt;</b>                                       | -<br>•     |                                    |              |          |                             |        |          |   |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| •••         | EMIZED RECEIPTS  |                                 | for each category of the<br>Detailed Summary Page |                                    |                                    |              |        |                  | 11c       | 4 1-4          |            |   |  |  |  |  |
|-------------|--|---------------------------------|---|------------------------------------|------------------------------------|--------------|--------|------------------|-----------|----------------|------------|---|--|--|--|--|
| An          | y information copied from such Reports and State                               | y not be sold or used by any pe | erson   | 13<br>for the                      | pur                                | 14<br>bose c | of s   | 15<br>soliciting | g co      | 16<br>Intribut | 17<br>ions |   |  |  |  |  |
| or          | for commercial purposes, other than using the na                               |                                 |   |                                    |                                    |              |        |                  |           |                |            |   |  |  |  |  |
| $\setminus$ | NAME OF COMMITTEE (In Full)  |                                 |   |                                    |                                    |              |        |                  |           |                |            |   |  |  |  |  |
|             | Select Medical Corporation PAC   |                                 |   |                                    |                                    |              |        |                  |           |                |            |   |  |  |  |  |
| Α.          | Full Name of Individual (Last, First, Middle Initial)<br>Cannon, Matthew, D, , | ) or Full Or                    | ganization Name                                   |                                    | Date o                             | f Re         | ceint  |                  |           |                |            |   |  |  |  |  |
|             | Mailing Address 19073 Twilight Trl   |                                 |   |                                    | M M                                |              | D      | D                | / Y       |                | (          | Y |  |  |  |  |
|             |  |                                 |   |                                    | 10                                 |              | 27     |                  | Ľ         | 2              | 2023       |   |  |  |  |  |
|             | City<br>Eden Prairie   | State<br>MN                     | Zip Code<br>55346-4047                            |                                    |                                    |              |        |                  | 2023-2    |                |            |   |  |  |  |  |
|             |  |                                 | 55540-4047  | Amount of Each Receipt this Period |                                    |              |        |                  |           |                |            |   |  |  |  |  |
|             | FEC ID number of contributing federal political committee.                     | С                               |   | 192.31                             |                                    |              |        |                  |           |                |            |   |  |  |  |  |
|             | Name of Employer (for Individual)  | Occu                            | pation (for Individual)                           |                                    | М                                  | emo          | Item   |                  |           |                |            |   |  |  |  |  |
|             | Select Medical Corporation   | Vice                            | President   |                                    |                                    |              |        |                  |           |                |            |   |  |  |  |  |
|             |  | Aggregate                       | Year-to-Date 🔻                                    |                                    |                                    |              |        |                  |           |                |            |   |  |  |  |  |
|             | Primary   General     Other (specify) ▼  |                                 | 4230.82   |                                    |                                    |              |        |                  |           |                |            |   |  |  |  |  |
|             | Full Name of Individual (Last, First, Middle Initial)                          |                                 |   |                                    |                                    |              |        |                  |           |                |            |   |  |  |  |  |
| B.          | Cannon, Matthew, D, ,  | ) of 1 an of                    | gamzatori Namo                                    |                                    | Date o                             | f Re         | ceipt  |                  |           |                |            |   |  |  |  |  |
|             | Mailing Address 19073 Twilight Trl   | 11 / D D / Y Y Y Y Y<br>2023    |   |                                    |                                    |              |        |                  |           |                |            |   |  |  |  |  |
|             | City   | State                           |   | Transaction ID : A2023-2465136     |                                    |              |        |                  |           |                |            |   |  |  |  |  |
|             | Eden Prairie   | MN                              | 55346-4047  | _                                  | Amount of Each Receipt this Period |              |        |                  |           |                |            |   |  |  |  |  |
|             | FEC ID number of contributing federal political committee.                     | С                               |   |                                    | 192.31                             |              |        |                  |           |                |            |   |  |  |  |  |
|             | Name of Employer (for Individual)<br>Select Medical Corporation                |                                 | ipation (for Individual)<br>President             | Memo Item                          |                                    |              |        |                  |           |                |            |   |  |  |  |  |
|             | Receipt For:   | Aggregate                       | Year-to-Date 🔻                                    |                                    |                                    |              |        |                  |           |                |            |   |  |  |  |  |
|             | Primary     General       Other (specify) ▼                                    |                                 | , 4423.13   |                                    |                                    |              |        |                  |           |                |            |   |  |  |  |  |
| <u> </u>    | Full Name of Individual (Last, First, Middle Initial)<br>Cannon, Matthew, D, , | ) or Full Or                    | ganization Name                                   |                                    | Date o                             | f Re         | ceipt  |                  |           |                |            |   |  |  |  |  |
|             | Mailing Address 19073 Twilight Trl   |                                 |   |                                    | 11 <sup>M</sup>                    |              | 2      |                  | / Y       |                | 023        | Y |  |  |  |  |
|             | City   | State                           | Zip Code  |                                    | Trans                              | sact         | ion ID | : /              | 2023-2    | 258            | 7543       |   |  |  |  |  |
|             | Eden Prairie   | MN                              | 55346-4047  |                                    | Amoun                              | t of         | Each   | Re               | eceipt th | nis            | Period     |   |  |  |  |  |
|             | FEC ID number of contributing federal political committee.                     | С                               |   |                                    |                                    |              | ,      |                  | 9         |                | 192.3      | 1 |  |  |  |  |
|             | Name of Employer (for Individual)  | -                               | M   | emc                                | Item                               |              |        |                  |           |                |            |   |  |  |  |  |
|             | Select Medical Corporation   |                                 |   |                                    |                                    |              |        |                  |           |                |            |   |  |  |  |  |
|             |  | Aggregate Year-to-Date ▼        |   |                                    |                                    |              |        |                  |           |                |            |   |  |  |  |  |
|             | Other (specify)  |                                 |   |                                    |                                    |              |        |                  |           |                |            |   |  |  |  |  |
|             | UBTOTAL of Receipts This Page (optional)                                       |                                 |   | <u> </u>                           |                                    | -            | ,      |                  | 9         | -              | 576.9      | 3 |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|  | 1713  |                |               | or each category of the<br>betailed Summary Page              |   | 11a<br>13           |               | 11b<br>14 |             | 11c<br>15           |       | 12<br>16 | 17    |  |  |  |  |
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| Any information copied fr<br>or for commercial purpos                      | rom such Reports and States, other than using the   | atements ma    | ay no<br>ddre | ot be sold or used by any pe<br>ss of any political committee | erson f<br>to so  | or the              | purp<br>ntrib | oose o    | of s<br>fro | oliciting           | , con | ntribut  | tions |  |  |  |  |
| NAME OF COMMITTI   | EE (In Full)<br>Corporation PAC   | ;              |               |   |   |                     |               |           |             |                     |       |          |       |  |  |  |  |
| Full Name of Individua<br>A. Cannon, Matthew,<br>Mailing Address 1907      |   | al) or Full Oi | rgan          | ization Name  | Date of Receipt   |                     |               |           |             |                     |       |          |       |  |  |  |  |
| City<br>Eden Prairie   |   | State<br>MN    |               | Zip Code<br>55346-4047  | Transaction ID : A2023-2726378 Amount of Each Receipt this Period |                     |               |           |             |                     |       |          |       |  |  |  |  |
| FEC ID number of co<br>federal political comm                              | U U   | С              |               |   |   |                     |               |           |             | -                   | _     | 192.3    | 31    |  |  |  |  |
| Name of Employer (for<br>Select Medical Corpora                            | ,   | Vice           | Pre           | on (for Individual)<br>sident                                 |   | M                   | emo           | Item      |             |                     |       |          |       |  |  |  |  |
| Primary  | Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       4807.75 |                |               |   |   |                     |               |           |             |                     |       |          |       |  |  |  |  |
| B. Cannon, Matthew,  |   | al) or Full O  | rgan          | ization Name  |   | Date of             | f Re          | ceipt     |             |                     |       |          |       |  |  |  |  |
| Mailing Address 1907   | 3 Twilight Trl  | State          |               | Zin Codo  | 12 22 2023  |                     |               |           |             |                     |       |          |       |  |  |  |  |
| CityStateEden PrairieMN  |   |                |               | Zip Code<br>55346-4047  | /   |                     |               |           |             | 2023-23<br>ceipt th |       |          |       |  |  |  |  |
| FEC ID number of co<br>federal political comm                              | U U   | С              |               |   |   | 192.25<br>Memo Item |               |           |             |                     |       |          |       |  |  |  |  |
| Name of Employer (for<br>Select Medical Corport                            | ,   |                | •             | ion (for Individual)<br>esident                               |   |                     |               |           |             |                     |       |          |       |  |  |  |  |
| Receipt For:<br>Primary<br>Other (specify)                                 | General   | Aggregate      | Yea           | r-to-Date ▼<br>5000.00  |   |                     |               |           |             |                     |       |          |       |  |  |  |  |
| Eull Name of Individua<br>Carey, Christoph<br>Mailing Address 4714         |   | al) or Full Oi | rgan          | ization Name  |   | Date of             | f Re          | · ·       |             |                     |       |          |       |  |  |  |  |
| City   |   | State          |               | Zip Code  |   | 07                  | ,<br>acti     | 07        | 7           | 2023-1              | 20    |          | Ŷ     |  |  |  |  |
| Mechanicsburg  |   | PA             |               | 17055   |   |                     |               | -         |             | ceipt th            |       |          |       |  |  |  |  |
| FEC ID number of contributing federal political committee.                 |   |                |               |   |   |                     |               | ,         |             | y                   | _     | 192.3    | 31    |  |  |  |  |
| Select Medical Corporation Exec  |   |                | cutiv         |   |   | Memo Item           |               |           |             |                     |       |          |       |  |  |  |  |
| Receipt For:     Aggregate       Primary     General       Other (specify) |   |                |               | 2692.34   |   |                     |               |           |             |                     |       |          |       |  |  |  |  |
| SUBTOTAL of Receipts   | This Page (optional)  |                |               | ••••••  |   |                     |               | , .       |             | 9                   |       | 576.8    | 37    |  |  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| IIEN  | MIZED RECEIPTS   |                                    | for each category o<br>Detailed Summary I |             | ×         | <b>〈</b> 11a                   |      | 11b      | 11c        | 12          |     |
|---|--|------------------------------------|---|-------------|-----------|--------------------------------|------|----------|------------|-------------|-----|
|   |  |                                    |   |             |           | 13                             |      | 14       | 15         | 16          | 17  |
|   | nformation copied from such Reports and Sta commercial purposes, other than using the r                          |                                    |   |             |           |                                |      |          |            |             |     |
| NA NA   | ME OF COMMITTEE (In Full)  |                                    |   |             |           |                                |      |          |            |             |     |
| ∕s  | elect Medical Corporation PAC  |                                    |   |             |           |                                |      |          |            |             |     |
| <b>A</b> (  | ll Name of Individual (Last, First, Middle Initia<br>Carey, Christopher, , ,                                     | ll) or Full O                      | rganization Name                          |             |           | Date o                         | f Re | eceipt   |            |             |     |
|   | illing Address 4714 Gettysburg Rd  |                                    |   |             |           | 07 <sup>M</sup>                | 1    | D<br>21  | D / Y      | y y<br>2023 | Y   |
| Cit   | y<br>echanicsburg  | State<br>PA                        | Zip Code<br>17055                         |             |           |                                |      |          | A2023-1    |             |     |
|   | -  |                                    | 17055                                     | _           | _         | Amoun                          | t of | Each F   | Receipt th | nis Perioc  | 1   |
|   | C ID number of contributing<br>leral political committee.  | С                                  |   |             |           |                                |      |          |            | 192         | .31 |
|   | Name of Employer (for Individual)     Occupation (for Individual)       Select Medical Corporation     Executive |                                    |   |             |           |                                |      | o Item   |            |             |     |
|   | ceipt For:   | Anareaate                          | Year-to-Date ▼                            |             |           |                                |      |          |            |             |     |
| Primary       General         Other (specify) ▼       2884.65 |  |                                    |   |             |           |                                |      |          |            |             |     |
|   | II Name of Individual (Last, First, Middle Initia<br>arey, Christopher, , ,                                      | l) or Full O                       | rganization Name                          |             |           | Date o                         | f Re | eceipt   |            |             |     |
| Ma  | iling Address 4714 Gettysburg Rd   |                                    |   |             |           | M M<br>08                      | /    | 04       |            | 2023        | Y   |
| Cit   | у  | State                              | Zip Code                                  |             |           | Transaction ID : A2023-1679340 |      |          |            |             |     |
| Me  | echanicsburg   | PA                                 | 17055                                     |             |           | Amoun                          | t of | Each F   | Receipt th | nis Perioc  | ł   |
|   | C ID number of contributing<br>leral political committee.  | С                                  |   |             |           | 192                            |      |          |            |             | .31 |
|   | me of Employer (for Individual)<br>lect Medical Corporation  | upation (for Individual)<br>cutive |   |             | Memo Item |                                |      |          |            |             |     |
| Re  | ceipt For:<br>Primary General<br>Other (specify) ▼   | Year-to-Date ▼<br>30               | 76.96                                     |             |           |                                |      |          |            |             |     |
|   | II Name of Individual (Last, First, Middle Initia<br>Carey, Christopher, , ,                                     | ll) or Full O                      | rganization Name                          |             |           | Date o                         | f Re | eceipt   |            |             |     |
| Ma  | iling Address 4714 Gettysburg Rd   |                                    |   |             |           | 08                             | /    | 18       |            | 2023        | Y   |
| Cit   |  | State                              | Zip Code                                  |             |           | Trans                          | sact | ion ID : | : A2023-1  | 885016      |     |
| Μ   | echanicsburg   | PA                                 | 17055                                     |             |           | Amoun                          | t of | Each F   | Receipt th | nis Perioc  | ł   |
|   | C ID number of contributing leral political committee.   |                                    |   |             |           |                                | y    | 9        | 192        |             |     |
|   | me of Employer (for Individual)<br>lect Medical Corporation  |                                    | upation (for Individual)<br>cutive        |             |           | Memo Item                      |      |          |            |             |     |
| Re  | Receipt For:<br>Primary General<br>Other (specify) Aggregate Year-to-Date ▼ 3269.27                              |                                    |   |             |           |                                |      |          |            |             |     |
| SUB   | TOTAL of Receipts This Page (optional)   |                                    | 7 . 7                                     | <b>&gt;</b> |           |                                |      | , .      | . ,        | 576.        | .93 |
| тот   | AL This Period (last page this line number or  | ıly)                               |   |             |           |                                |      | -        | -          |             |     |

| SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (0 | he | LINE<br>ck only<br>11a<br>13 |  |  | PAGE<br>11c<br>15 | 8 OF<br>12<br>16 | = : |
|--|---|----|----|------------------------------|--|--|-------------------|------------------|-----|
| 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)  |   |    |    |                              |  |  |                   |                  |     |

| Ľ         |   |                  |                                   |                                    |
|-----------|---|------------------|-----------------------------------|------------------------------------|
| А.        | Full Name of Individual (Last, First, Middle Ini<br>Carey, Christopher, , , | tial) or Full Or | ganization Name                   | Date of Receipt                    |
|           | Mailing Address 4714 Gettysburg Rd  | 09 01 2023       |                                   |                                    |
|           | City  | State            | Zip Code                          | Transaction ID : A2023-1924791     |
|           | Mechanicsburg   | PA               | 17055                             | Amount of Each Receipt this Period |
|           | FEC ID number of contributing federal political committee.                  | С                |                                   | 192.31                             |
|           | Name of Employer (for Individual)   | Occu             | pation (for Individual)           | Memo Item                          |
|           | Select Medical Corporation  | Exec             | utive                             |                                    |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate        | Year-to-Date ▼<br>3461.58         |                                    |
| –<br>R    | Full Name of Individual (Last, First, Middle Ini<br>Carey, Christopher, , , | tial) or Full Or | ganization Name                   | Date of Receipt                    |
| ۵.        | Mailing Address 4714 Gettysburg Rd  |                  |                                   | 09 15 2023                         |
|           | City  | State            | Zip Code                          | Transaction ID : A2023-2037010     |
|           | Mechanicsburg   | PA               | 17055                             | Amount of Each Receipt this Period |
|           | FEC ID number of contributing federal political committee.                  | С                |                                   | 192.31                             |
|           | Name of Employer (for Individual)<br>Select Medical Corporation             |                  | pation (for Individual)<br>cutive | Memo Item                          |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate        | Year-to-Date ▼<br>3653.89         |                                    |
| <u>с.</u> | Full Name of Individual (Last, First, Middle Ini<br>Carey, Christopher, , , | tial) or Full Or | ganization Name                   | Date of Receipt                    |
|           | Mailing Address 4714 Gettysburg Rd  |                  |                                   | 09 / D D / Y Y Y Y<br>29 2023      |
|           | City  | State            | Zip Code                          | Transaction ID : A2023-2130275     |
|           | Mechanicsburg   | PA               | 17055                             | Amount of Each Receipt this Period |
|           | FEC ID number of contributing federal political committee.                  | С                |                                   | 192.31                             |
|           | Name of Employer (for Individual)<br>Select Medical Corporation             | Occu<br>Exect    | pation (for Individual)<br>utive  | Memo Item                          |
|           | Receipt For:<br>Primary General<br>Other (specify)                          | Aggregate        | Year-to-Date ▼<br>3846.20         |                                    |
| s         | UBTOTAL of Receipts This Page (optional)                                    |                  | •                                 | 576.93                             |
| Т         | TOTAL This Period (last page this line number                               | only)            | ••••••                            |                                    |

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| SCHEDULE A   | (FEC Form 3X) |  |
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| ITEMIZED REC | EIPTS         |  |

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| 11  | EMIZED RECEIPTS   |               |         | ach category of the<br>iled Summary Page |       | <b>〈</b> 11a                   |       | 11b    | , [     | 11c       | 12          |      |
|---|---|---------------|---------|--|-------|--------------------------------|-------|--------|---------|-----------|-------------|------|
| _   |   |               | 2010    |  |       | 13                             |       | 14     |         | 15        | 16          | 17   |
|   | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r               |               |         |  |       |                                |       |        |         |           |             |      |
| $\setminus$   | NAME OF COMMITTEE (In Full)   |               |         |  |       |                                |       |        |         |           |             |      |
|   | Select Medical Corporation PAC  |               |         |  |       |                                |       |        |         |           |             |      |
| Α.  | Full Name of Individual (Last, First, Middle Initia<br>Carey, Christopher, , ,                                  | al) or Full O | rganiza | tion Name                                |       | Date o                         | of R  | eceip  | ot      |           |             |      |
|   | Mailing Address 4714 Gettysburg Rd  | 1-            |         |  |       | M 10                           | Λ     | / D    | 13      | / Y       | ү ү<br>2023 | Y    |
|   | City<br>Mechanicsburg   | State<br>PA   |         | Code<br>7055                             |       |                                |       |        |         | A2023-2   |             |      |
|   |   |               |         | 7000                                     | _     | Amour                          | nt of | Eac    | h R     | eceipt th | is Perio    | d    |
|   | FEC ID number of contributing federal political committee.  | С             |         |  |       |                                |       | -      | _       | 92        | 192         | 2.31 |
|   | Name of Employer (for Individual)Occupation (for Individual)Select Medical CorporationExecutive                 |               |         |  |       |                                |       | o Ite  | m       |           |             |      |
|   | Receipt For:  | Angregate     | Year-to | Date V                                   |       |                                |       |        |         |           |             |      |
| Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼  |   |               |         |  |       |                                |       |        |         |           |             |      |
| В.  | Full Name of Individual (Last, First, Middle Initia<br>Carey, Christopher, , ,                                  | al) or Full O | rganiza | tion Name                                |       | Date o                         | of R  | eceip  | ot      |           |             |      |
|   | Mailing Address 4714 Gettysburg Rd  |               |         |  |       | M 10                           | 1     | / D    | D<br>27 | / Y       | 2023        | Y    |
|   | City  | State         | Zip     | Code                                     |       | Transaction ID : A2023-2353883 |       |        |         |           |             |      |
|   | Mechanicsburg   | PA            | 1       | 7055                                     |       | Amour                          | nt of | Eac    | h R     | eceipt th | is Perio    | d    |
|   | FEC ID number of contributing federal political committee.  |               |         |  | 192.: |                                |       |        |         | 2.31      |             |      |
| Name of Employer (for Individual)     Occu       Select Medical Corporation     Exec       Receipt For:     Aggregate N       Primary     General       Other (specify) ▼     Image: Constraint of the second se |   |               |         | (for Individual)                         |       | N                              | 1em   | o Itei | m       |           |             |      |
|   |   |               |         | Date ▼<br>4230.82                        |       |                                |       |        |         |           |             |      |
| <u> </u>  | Full Name of Individual (Last, First, Middle Initia<br>Carey, Christopher, , ,                                  | al) or Full O | rganiza | tion Name                                |       | Date o                         | of R  | eceip  | ot      |           |             |      |
|   | Mailing Address 4714 Gettysburg Rd  |               |         |  |       | M 11                           | Л     | / D    | 10      | / Y       | 2023        | Y    |
|   | City  | State         |         | Code                                     |       | Tran                           | sac   | tion   | ID :    | A2023-2   | 465143      |      |
|   | Mechanicsburg   | PA            | 17      | 7055                                     |       | Amour                          | nt of | Eac    | h R     | eceipt th | is Perio    | d    |
|   | FEC ID number of contributing federal political committee.  |               |         | <u> </u>                                 |       | ,                              |       | . ,    | 192     | 2.31      |             |      |
| Name of Employer (for Individual)OcSelect Medical CorporationEx   |   |               |         | (for Individual)                         |       | N                              | /lem  | o Ite  | m       |           |             |      |
|   | Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       4423.13 |               |         |  |       |                                |       |        |         |           |             |      |
| ⊢   | UBTOTAL of Receipts This Page (optional)  |               |         |  | <br>- |                                | -     | 7      |         | · · ·     | 576         | .93  |

| SCHEDULE A   | (FEC Form | 3X) |
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| ITEMIZED REC | EIPTS     |     |

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| ITEMIZED RECEIPTS   |                                | for each category of the<br>Detailed Summary Page   | X         11a         11b         11c         12           13         14         15         16         17                      |  |  |  |
|---|--------------------------------|---|--|--|--|--|
| Any information copied from such Reports and<br>or for commercial purposes, other than using t  |                                |   |  |  |  |  |
| NAME OF COMMITTEE (In Full) Select Medical Corporation PA   | AC                             |   |  |  |  |  |
| Full Name of Individual (Last, First, Middle I         Carey, Christopher, , ,         Mailing Address 4714 Gettysburg Rd         City         Mechanicsburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ | State<br>PA<br>C<br>Occ<br>Exe | Zip Code<br>17055<br>upation (for Individual)<br>ecutive<br>Year-to-Date V<br>4615.44                       | Date of Receipt  |  |  |  |
| Full Name of Individual (Last, First, Middle I         Carey, Christopher, , ,         Mailing Address 4714 Gettysburg Rd         City         Mechanicsburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ | State<br>PA<br>C<br>Occ<br>Exe | Drganization Name<br>Zip Code<br>17055<br>Eupation (for Individual)<br>ecutive<br>Year-to-Date ▼<br>4807.75 | Date of Receipt  |  |  |  |
| Full Name of Individual (Last, First, Middle I         Carey, Christopher, , ,         Mailing Address 4714 Gettysburg Rd         City         Mechanicsburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify)   | State<br>PA<br>C<br>Occ<br>Exe | Drganization Name<br>Zip Code<br>17055<br>upation (for Individual)<br>cutive<br>Year-to-Date ▼<br>5000.00   | Date of Receipt  Date of Receipt  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   | er only)                       | ••••••  |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$               |
|---|---|--|
| Any information copied from such Reports and State<br>or for commercial purposes, other than using the na                   |   | erson for the purpose of soliciting contributions                    |
| NAME OF COMMITTEE (In Full)   |   |  |
| Select Medical Corporation PAC  |   |  |
| Full Name of Individual (Last, First, Middle Initial)<br>Carpenter, Allen, , ,<br>Mailing Address 4132 3rd St Apt 1<br>City | or Full Organization Name State Zip Code          | Date of Receipt<br>07 / 14 / 2023<br>Transaction ID : A2023-1632874  |
| San Fransisco   | CA 94124-2130                                     | Amount of Each Receipt this Period                                   |
| FEC ID number of contributing federal political committee.  | C   | 115.39   |
| Name of Employer (for Individual)<br>Select Medical Corporation   | Occupation (for Individual)<br>Executive          | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>1615.46               |  |
| Full Name of Individual (Last, First, Middle Initial)<br><b>Carpenter, Allen</b> , , ,<br>Mailing Address 4132 3rd St Apt 1 | or Full Organization Name                         | Date of Receipt  |
| City<br>San Fransisco   | StateZip CodeCA94124-2130                         | Transaction ID : A2023-1654998<br>Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  | С   | 115.39   |
| Name of Employer (for Individual)<br>Select Medical Corporation   | Occupation (for Individual)<br>Executive          | Memo Item  |
|   | Aggregate Year-to-Date ▼                          |  |
| Other (specify) ▼   | 1730.85   |  |
| Full Name of Individual (Last, First, Middle Initial)<br>C. Carpenter, Allen, , ,   | or Full Organization Name                         | Date of Receipt  |
| Mailing Address 4132 3rd St Apt 1   |   | 08 / D D / Y Y Y Y<br>08 11 2023                                     |
| City<br>San Fransisco   | State Zip Code<br>CA 94124-2130                   | Transaction ID : A2023-1764938                                       |
| FEC ID number of contributing federal political committee.  | C   | Amount of Each Receipt this Period                                   |
| Name of Employer (for Individual)<br>Select Medical Corporation   | Occupation (for Individual)<br>Executive          | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Year-to-Date ▼<br>1846.24               |  |
| SUBTOTAL of Receipts This Page (optional)   | •   | 346.17   |

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| SCHEDULE A   | (FEC Form 3X) |
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| TTEMIZED RECEIPTS  |                        | for each category of the<br>Detailed Summary Page |           | 11a  |       | 11b          | 11c              | <b>_</b> _       |     |  |  |  |
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| Any information copied from such Reports                               | and Statements m       | av not be sold or used by any r                   |           | 13<br>r the i                                |       | 14<br>Dse of | 15<br>soliciting | 16<br>a contribu | 17  |  |  |  |
| or for commercial purposes, other than usin                            |                        |   |           |  |       |              |                  |                  |     |  |  |  |
| NAME OF COMMITTEE (In Full)  |                        |   |           |  |       |              |                  |                  |     |  |  |  |
| Select Medical Corporation   | PAC                    |   |           |  |       |              |                  |                  |     |  |  |  |
| Full Name of Individual (Last, First, Mide                             | dle Initial) or Full C | rganization Name                                  |           | ate of                                       | _     |              |                  |                  |     |  |  |  |
|  | penter, Allen, , ,     |   |           |  |       |              |                  |                  |     |  |  |  |
| Mailing Address 4132 3rd St Apt 1                                      |                        |   | N N       | 08 25 2023<br>Transaction ID : A2023-1903186 |       |              |                  |                  |     |  |  |  |
| City   | State                  | Zip Code  |           |  |       |              |                  |                  |     |  |  |  |
| San Fransisco  | CA                     | 94124-2130  | An        | Amount of Each Receipt this Period           |       |              |                  |                  |     |  |  |  |
| FEC ID number of contributing  | 0                      |   | 1.0       | 115.39                                       |       |              |                  |                  |     |  |  |  |
| federal political committee.   | C                      |   |           |  |       |              |                  | 115              | .59 |  |  |  |
| Name of Employer (for Individual)                                      | Occ                    | upation (for Individual)                          | — Г       | Me   | emo I | Item         |                  |                  |     |  |  |  |
| Select Medical Corporation   |                        | cutive  |           | 1.1  |       |              |                  |                  |     |  |  |  |
| Receipt For:   | Aggregate              | Year-to-Date ▼                                    |           |  |       |              |                  |                  |     |  |  |  |
| Primary General  | 7.99109410             |   | 1.1       |  |       |              |                  |                  |     |  |  |  |
| Other (specify) <b>v</b>   |                        | 1961.63   |           |  |       |              |                  |                  |     |  |  |  |
|  |                        |   |           |  |       |              |                  |                  |     |  |  |  |
| Full Name of Individual (Last, First, Mide<br>B. Carpenter, Allen, , , | die Initial) or Full C | rganization Name                                  |           | ate of                                       | Rec   | oint         |                  |                  |     |  |  |  |
| Mailing Address 4132 3rd St Apt 1                                      |                        |   |           |  | TIEC( |              |                  |                  |     |  |  |  |
| Maining Address 4132 310 St Apt 1                                      |                        |   |           | 09   | /     | 08           | 5 / Y            | 2023             | Y   |  |  |  |
| City   | State                  | Zip Code  | T         | ransa  | actio | n ID ·       | A2023-2          | 037018           |     |  |  |  |
| San Fransisco  | CA                     | 94124-2130  |           | Amount of Each Receipt this Period           |       |              |                  |                  |     |  |  |  |
| FEC ID number of contributing  | 0                      |   |           |  | -     | -            |                  | 445              | 20  |  |  |  |
| federal political committee.   | C                      |   |           |  |       |              |                  | 115              | .39 |  |  |  |
| Name of Employer (for Individual)                                      | Occ                    | -   | Memo Item |  |       |              |                  |                  |     |  |  |  |
| Select Medical Corporation   |                        | upation (for Individual)<br>ecutive               |           |  |       |              |                  |                  |     |  |  |  |
| Receipt For:   | Aggregate              | Aggregate Year-to-Date ▼                          |           |  |       |              |                  |                  |     |  |  |  |
| Primary General  | 1.99.094.0             |   | 1.        |  |       |              |                  |                  |     |  |  |  |
| Other (specify) <b>v</b>   |                        | 2077.02   |           |  |       |              |                  |                  |     |  |  |  |
| Full Name of Individual (Last, First, Mide                             | dle Initial) or Full C | rganization Name                                  |           |  |       |              |                  |                  |     |  |  |  |
| C. Carpenter, Allen, , ,   |                        |   | Da        | ate of                                       | Rece  | eipt         |                  |                  |     |  |  |  |
| Mailing Address 4132 3rd St Apt 1                                      |                        |   | N         | и м<br>09                                    | /     | D 1          |                  | y y<br>2023      | Y   |  |  |  |
| City   | State                  | Zip Code  |           | Frans  | actio | n ID :       | A2023-2          | 121684           |     |  |  |  |
| San Fransisco  | CA                     | 94124-2130  | An        | nount  | of E  | ach F        | Receipt th       | nis Perioc       | k   |  |  |  |
| FEC ID number of contributing  | C                      |   |           |  |       |              |                  | 115              | 20  |  |  |  |
| federal political committee.   | C                      |   |           |  | . ,   | _            | y                | 115              | .39 |  |  |  |
| Name of Employer (for Individual)                                      | Occ                    | upation (for Individual)                          | - E       | Me   | emo I | ltem         |                  |                  |     |  |  |  |
| Select Medical Corporation   | Exe                    | cutive  |           |  |       |              |                  |                  |     |  |  |  |
| Receipt For:   | Aggregate              | Year-to-Date 🔻                                    |           |  |       |              |                  |                  |     |  |  |  |
| Primary General  |                        | 2192.41   | 11        |  |       |              |                  |                  |     |  |  |  |
| Other (specify)  |                        | 2192.41   |           |  |       |              |                  |                  |     |  |  |  |
|  |                        |   |           | _  | _     |              |                  |                  |     |  |  |  |
| SUBTOTAL of Receipts This Page (option                                 | ual)                   |   | Г         |  |       |              |                  | 346              | .17 |  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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

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|                                | EIMIZED RECEIPTS  |                         |               | or each category of the<br>Detailed Summary Page              |                  | <b>&lt;</b> 1                      | 11a             |                           | 11b                        | 110                 | :                  | 12              | _             |    |  |
|--------------------------------|---|-------------------------|---------------|---|------------------|------------------------------------|-----------------|---------------------------|----------------------------|---------------------|--------------------|-----------------|---------------|----|--|
|                                |   |                         |               |   |                  |                                    |                 |                           | 14                         | 15                  |                    | 16              |               | 17 |  |
| An<br>or                       | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | tements ma<br>ame and a | ay n<br>Iddre | ot be sold or used by any p<br>ess of any political committee | erson<br>e to so | for<br>olic                        | the<br>it cor   | pur <sub>l</sub><br>ntrib | oose o<br>utions           | f solicit<br>from s | ting co<br>uch c   | ontribu<br>ommi | ition<br>tee. | IS |  |
| $\backslash$                   | NAME OF COMMITTEE (In Full)   |                         |               |   |                  |                                    |                 |                           |                            |                     |                    |                 |               |    |  |
| $\Big\rangle$                  | Select Medical Corporation PAC  |                         |               |   |                  |                                    |                 |                           |                            |                     |                    |                 |               |    |  |
| A.                             | Full Name of Individual (Last, First, Middle Initia<br>Carpenter, Allen, , ,                      | l) or Full O            | rgar          | nization Name   |                  | Da                                 | ate of          | Re                        | ceipt                      |                     |                    |                 |               |    |  |
|                                | Mailing Address 4132 3rd St Apt 1   | 1                       |               |   |                  | 10 / D D / Y Y Y Y<br>2023         |                 |                           |                            |                     |                    |                 |               |    |  |
| City State<br>San Fransisco CA |   |                         |               | Zip Code<br>94124-2130  | _                | Transaction ID : A2023-2223672     |                 |                           |                            |                     |                    |                 |               |    |  |
|                                |   | 0/1                     |               | 34124-2130  | _                | Amount of Each Receipt this Period |                 |                           |                            |                     |                    |                 |               |    |  |
|                                | FEC ID number of contributing federal political committee.  | С                       | _             |   |                  |                                    | _               | _                         |                            |                     |                    | 115             | .39           |    |  |
|                                | Name of Employer (for Individual)<br>Select Medical Corporation                                   | Occu<br>Exe             | •             | ion (for Individual)<br>/e                                    |                  |                                    | M               | emo                       | Item                       |                     |                    |                 |               |    |  |
|                                | Receipt For:  | Aggregate               | Yea           | r-to-Date ▼   |                  |                                    |                 |                           |                            |                     |                    |                 |               |    |  |
|                                | Primary General<br>Other (specify) ▼  |                         | -             | 2307.80   |                  |                                    |                 |                           |                            |                     |                    |                 |               |    |  |
| В.                             | Full Name of Individual (Last, First, Middle Initia<br>Carpenter, Allen, , ,                      | l) or Full O            | rgar          | nization Name   |                  | Da                                 | ate of          | Re                        | ceipt                      |                     |                    |                 |               |    |  |
|                                | Mailing Address 4132 3rd St Apt 1   |                         |               |   |                  |                                    |                 |                           | 10 / Y Y Y Y<br>10 20 2023 |                     |                    |                 |               |    |  |
|                                | City  | State Zip Code          |               |   |                  |                                    |                 | acti                      | on ID :                    | A2023               | 3-231 <sup>,</sup> | 4424            | _             |    |  |
|                                | San Fransisco   | CA                      |               | 94124-2130  |                  | Amount of Each Receipt this Period |                 |                           |                            |                     |                    |                 |               |    |  |
|                                | FEC ID number of contributing federal political committee.  | С                       |               |   |                  | 115.39<br>Memo Item                |                 |                           |                            |                     |                    |                 |               |    |  |
|                                | Name of Employer (for Individual)<br>Select Medical Corporation                                   |                         | upat<br>cuti  | tion (for Individual)<br>ve                                   |                  |                                    |                 |                           |                            |                     |                    |                 |               |    |  |
|                                | Receipt For:  | Aggregate               | Yea           | r-to-Date ▼   |                  | -                                  |                 |                           |                            |                     |                    |                 |               |    |  |
|                                | Primary General<br>Other (specify) ▼ 2423.19  |                         |               |   |                  |                                    |                 |                           |                            |                     |                    |                 |               |    |  |
| <u>с.</u>                      | Full Name of Individual (Last, First, Middle Initia<br>Carpenter, Allen, , ,                      | l) or Full O            | rgar          | nization Name   |                  | Da                                 | ate of          | Re                        | ceipt                      |                     |                    |                 |               |    |  |
|                                | Mailing Address 4132 3rd St Apt 1   |                         |               |   |                  | N                                  | 11 <sup>M</sup> | 1                         | 03                         |                     |                    | 2023            | Y             |    |  |
|                                | City  | State                   |               | Zip Code  |                  | ٦                                  | Frans           | act                       | ion ID                     | : A202              | 3-237              | 9818            |               | _  |  |
|                                | San Fransisco   | CA                      |               | 94124-2130  | _                | An                                 | nount           | of                        | Each                       | Receipt             | t this             | Period          | 1             |    |  |
|                                | FEC ID number of contributing federal political committee.  | C                       |               |   |                  |                                    | 115.39          |                           |                            |                     |                    |                 |               |    |  |
|                                |   |                         |               | ion (for Individual)<br>re                                    |                  | Memo Item                          |                 |                           |                            |                     |                    |                 |               |    |  |
| Receipt For: Aggregat          |   |                         | Yea           | r-to-Date ▼   |                  |                                    |                 |                           |                            |                     |                    |                 |               |    |  |
|                                | Other (specify)   |                         | -             | 2538.58   | 1                |                                    |                 |                           |                            |                     |                    |                 |               |    |  |
| s                              | UBTOTAL of Receipts This Page (optional)  |                         |               |   | •                |                                    |                 |                           | , ,                        |                     |                    | 346             | 17            |    |  |
| т                              | OTAL This Period (last page this line number or   | ıly)                    |               | ••••••  | -<br>•           | Ĺ                                  |                 |                           | <b>.</b> .                 |                     |                    |                 |               |    |  |

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| SCHEDULE A   | (FEC F | orm 3X) |  |
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| ITEMIZED REC | EIPTS  |         |  |

|          | EMIZED RECEIPTS  |                           | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |
|----------|--|---------------------------|---|---|--|--|--|--|--|--|--|
|          | y information copied from such Reports and SI<br>for commercial purposes, other than using the |                           |   | erson for the purpose of soliciting contributions   |  |  |  |  |  |  |  |
|          | NAME OF COMMITTEE (In Full)  |                           |   |   |  |  |  |  |  |  |  |
|          | Select Medical Corporation PAC   | )                         |   |   |  |  |  |  |  |  |  |
| Α.       | Full Name of Individual (Last, First, Middle Init Carpenter, Allen, , ,                        | ial) or Full O            | Organization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |
|          | Mailing Address 4132 3rd St Apt 1  |                           |   | 11 / D D / Y Y Y Y<br>11 17 2023  |  |  |  |  |  |  |  |
|          | City<br>San Fransisco  | State<br>CA               | Zip Code<br>94124-2130                            | Transaction ID : A2023-2519614  |  |  |  |  |  |  |  |
|          |  |                           | 94124-2130  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
|          | FEC ID number of contributing<br>federal political committee.                                  | С                         |   | 115.39  |  |  |  |  |  |  |  |
|          | Name of Employer (for Individual)<br>Select Medical Corporation                                |                           | upation (for Individual)<br>ecutive               | Memo Item   |  |  |  |  |  |  |  |
|          | Receipt For:   | Aggregate                 | Year-to-Date V                                    |   |  |  |  |  |  |  |  |
|          | Primary General<br>Other (specify) ▼   |                           | 2653.97   |   |  |  |  |  |  |  |  |
| В.       | Full Name of Individual (Last, First, Middle Init<br>Carpenter, Allen, , ,                     | ial) or Full O            | Organization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |
|          | Mailing Address 4132 3rd St Apt 1  | Address 4132 3rd St Apt 1 |   |   |  |  |  |  |  |  |  |
|          | City   | State                     | Zip Code  | Transaction ID : A2023-2601818  |  |  |  |  |  |  |  |
|          | San Fransisco  | CA                        | 94124-2130  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.                                     | С                         |   | Memo Item   |  |  |  |  |  |  |  |
|          | Name of Employer (for Individual)<br>Select Medical Corporation                                |                           | cupation (for Individual)<br>ecutive              |   |  |  |  |  |  |  |  |
|          | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                 | Year-to-Date ▼<br>2769.36                         |   |  |  |  |  |  |  |  |
| <u> </u> | Full Name of Individual (Last, First, Middle Init<br>Carpenter, Allen, , ,                     | ial) or Full O            | Organization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |
|          | Mailing Address 4132 3rd St Apt 1  |                           |   | 12 15 2023  |  |  |  |  |  |  |  |
|          | City   | State                     | Zip Code  | Transaction ID : A2023-2802092  |  |  |  |  |  |  |  |
|          | San Fransisco  | CA                        | 94124-2130  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.                                     | С                         |   | 115.39  |  |  |  |  |  |  |  |
|          |  |                           | upation (for Individual)                          | Memo Item   |  |  |  |  |  |  |  |
|          |  |                           | cutive  |   |  |  |  |  |  |  |  |
|          | Receipt For:   | Aggregate                 | Year-to-Date V                                    |   |  |  |  |  |  |  |  |
|          | Primary General<br>Other (specify)   |                           | 2884.75   |   |  |  |  |  |  |  |  |
|          | UBTOTAL of Receipts This Page (optional)   |                           |   | 346.17  |  |  |  |  |  |  |  |

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FOR LINE NUMBER:

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| SCHEDULE A   | (FEC Form 3X) |
|--------------|---------------|
| ITEMIZED REC | EIPTS         |

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

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|   | 1713  |                 | for each category of<br>Detailed Summary F |  |   | 11a             |       | 11b       | 11c                  | 12        |          |  |  |  |
|---|---|-----------------|--|--|---|-----------------|-------|-----------|----------------------|-----------|----------|--|--|--|
|   | from such Reports and St<br>ses, other than using the |                 |  |  | on for  |                 | ourpo |           |                      |           |          |  |  |  |
| NAME OF COMMITT   | EE (In Full)  | ;               |  |  |   |                 |       |           |                      |           |          |  |  |  |
| Full Name of Individu<br>A. <u>Carpenter, Allen, ,</u><br>Mailing Address 413 |   | ial) or Full Oi | rganization Name                           |  | Date of Receipt   |                 |       |           |                      |           |          |  |  |  |
| City<br>San Fransisco   |   | State<br>CA     | Zip Code<br>94124-2130                     |  | Transaction ID : A2023-3025556 Amount of Each Receipt this Period |                 |       |           |                      |           |          |  |  |  |
| FEC ID number of confederal political comm                                    | 0   | С               |  |  |   |                 |       |           |                      |           | .25      |  |  |  |
| Name of Employer (f<br>Select Medical Corpo<br>Receipt For:                   | ,   | Exec            | upation (for Individual)<br>cutive         |  |   | Me              | emo   | Item      |                      |           |          |  |  |  |
| Primary<br>Other (specify)  | General<br>▼  | Aggregate       | Year-to-Date ▼<br>300                      | 0.00   |   |                 |       |           |                      |           |          |  |  |  |
| B. Carson, Russell,   |   | ial) or Full Oi | rganization Name                           |  | Da  | ate of          | Rec   | eipt      |                      |           |          |  |  |  |
| Mailing Address 930   | Fifth Avenue  |                 | Zip Code                                   | Image: Market for the second system       Image: Market for the second system         Image: Market for the second system       Image: Market for the second system         Image: Market for the second system       Image: Market for the second system         Image: Market for the second system       Image: Market for the second system         Image: Market for the second system       Image: Market for the second system         Image: Market for the second system       Image: Market for the second system         Image: Market for the second system       Image: Market for the second system         Image: Market for the second system       Image: Market for the second system         Image: Market for the second system       Image: Market for the second system         Image: Market for the second system       Image: Market for the second system         Image: Market for the second system       Image: Market for the second system         Image: Market for the second system       Image: Market for the second system         Image: Market for the second system       Image: Market for the second system         Image: Market for the second system       Image: Market for the second system         Image: Market for the second system       Image: Market for the second system         Image: Market for the second system       Image: Market for the second system         Image: Market for the second system       Image: Market for the second |   |                 |       |           |                      |           |          |  |  |  |
| City<br>New York  |   | State<br>NY     |  |  |   |                 |       |           |                      |           |          |  |  |  |
| FEC ID number of confederal political comm                                    | 0   | C               |  |  |   |                 | ,     | p. I      | 7                    | 5000      | 0.00     |  |  |  |
| Name of Employer (f<br>Select Medical Corpo                                   | ,   | Occu<br>Dire    | upation (for Individual)<br>ctor           |  | Memo Item   |                 |       |           |                      |           |          |  |  |  |
| Receipt For:<br>Primary<br>Other (specify)                                    | General<br>▼  | 00.00           |  |  |   |                 |       |           |                      |           |          |  |  |  |
| Full Name of Individu<br>C. Castroman, Mar                                    | ial (Last, First, Middle Initi<br>inella, , Mrs.,     | ial) or Full O  | rganization Name                           |  | Da  | ate of          | Rec   | eipt      |                      |           |          |  |  |  |
| Mailing Address 297   | 1 Stanfield Avenue                                    |                 |  |  |   | 07 <sup>M</sup> | /     | D D<br>07 | JL                   | y<br>2023 | Y        |  |  |  |
| City<br>Orlando   |   | State<br>FL     | Zip Code<br>32814                          |  |   |                 |       |           | A2023-1<br>eceipt th |           | d        |  |  |  |
| FEC ID number of configuration federal political comm                         | 0   | С               |  |  |   |                 | ,     |           | . ,                  | 115       | .39      |  |  |  |
| Select Medical Corporation  |   |                 | ipation (for Individual)<br>inistrator     |  | Memo Item   |                 |       |           |                      |           |          |  |  |  |
| Primary<br>Other (specify)  | General   | Aggregate       |  | 5.46   |   |                 |       |           |                      |           |          |  |  |  |
| SUBTOTAL of Receipt   | s This Page (optional)                                |                 |  | ····· ►  |   |                 | ,     |           | ,                    | 5230      | .64      |  |  |  |
| TOTAL This Period (las  | st page this line number o                            | only)           |  | ••••• •  | Ē   |                 |       |           | -                    |           | <b>a</b> |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| •••                          |  |                | Detailed Summary Page               |                                  |  | ×  | 11a     |      | 11         |           | 11c          |      | 12               |    |  |  |
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|                              | y information copied from such Reports and St                                      |                |                                     |                                  |  |  |         |      |            | se of s   |              |      |                  |    |  |  |
| or                           | for commercial purposes, other than using the NAME OF COMMITTEE (In Full)          | name and a     | addre                               | ess of any political committee   | # 10 S   | 0110   | CIL CON | IIID | JUTIC      | UNS TR    | STIL SUC     | n co | ommitte          | e. |  |  |
| $\left \right\rangle$        | Select Medical Corporation PAC   |                |                                     |                                  |  |  |         |      |            |           |              |      |                  |    |  |  |
| <u>к</u> .                   | Full Name of Individual (Last, First, Middle Init<br>Castroman, Marinella, , Mrs., | ial) or Full C | Orgai                               | nization Name                    |  | D  | ate of  | Re   | ecei       | ipt       |              |      |                  |    |  |  |
|                              | Mailing Address 2971 Stanfield Avenue  |                |                                     |                                  |  | 07 21 Y Y Y Y<br>2023  |         |      |            |           |              |      |                  |    |  |  |
|                              | City<br>Orlando  | State<br>FL    |                                     | Zip Code<br>32814                |  | Transaction ID : A2023-1635687<br>Amount of Each Receipt this Period |         |      |            |           |              |      |                  |    |  |  |
|                              | FEC ID number of contributing federal political committee.                         | С              |                                     |                                  |  | Ę  |         |      | -          |           |              |      | 115.3            | 39 |  |  |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation                    |                | •                                   | ion (for Individual)<br>trator   |  | 1  | Me      | emo  | o Ite      | em        |              |      |                  |    |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼                               | Aggregate      | Yea                                 | r-to-Date ▼<br>1730.85           |  |  |         |      |            |           |              |      |                  |    |  |  |
| в.                           | Full Name of Individual (Last, First, Middle Init<br>Castroman, Marinella, , Mrs., | ial) or Full C | Orgai                               | nization Name                    |  | D  | ate of  | Re   | ecei       | ipt       |              |      |                  |    |  |  |
|                              | Mailing Address 2971 Stanfield Avenue  | anfield Avenue |                                     |                                  |  |  |         |      | 08 04 2023 |           |              |      |                  |    |  |  |
|                              | City<br>Orlando  | State<br>FL    |                                     | Zip Code<br>32814                | Transaction ID : A2023-1679295<br>Amount of Each Receipt this Period |  |         |      |            |           |              |      |                  |    |  |  |
|                              | FEC ID number of contributing federal political committee.                         | С              |                                     |                                  |  | Memo Item  |         |      |            |           |              |      |                  | 39 |  |  |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation                    |                | •                                   | tion (for Individual)<br>strator |  |  |         |      |            |           |              |      |                  |    |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼                               | Aggregate      | Aggregate Year-to-Date ▼<br>1846.24 |                                  |  |  |         |      | -          |           |              |      |                  |    |  |  |
| <u>с</u> .                   | Full Name of Individual (Last, First, Middle Init<br>Castroman, Marinella, , Mrs., | ial) or Full C | Orgai                               | nization Name                    |  | D  | ate of  | Re   | ecei       | ipt       |              |      |                  |    |  |  |
|                              | Mailing Address 2971 Stanfield Avenue  |                |                                     |                                  |  | [  | 08      | /    |            | D D<br>18 | / Y          |      | )23 <sup>°</sup> | Y  |  |  |
|                              | City<br>Orlando  | State<br>FL    |                                     | Zip Code<br>32814                |  |  |         |      |            |           | <b>2023-</b> |      |                  |    |  |  |
|                              | FEC ID number of contributing federal political committee.                         | С              |                                     |                                  |  | Amount of Each Receipt this Period                                   |         |      |            |           |              |      |                  | 39 |  |  |
| Select Medical Corporation A |  |                |                                     | ion (for Individual)<br>trator   |  | Memo Item  |         |      |            |           |              |      |                  |    |  |  |
|                              | Primary General<br>Other (specify)   | Aggregate      | Yea                                 | r-to-Date ▼<br>1961.63           |  |  |         |      |            |           |              |      |                  |    |  |  |
| s                            | UBTOTAL of Receipts This Page (optional)   |                |                                     |                                  | •  | [  |         |      | 9          |           | 9            |      | 346.1            | 7  |  |  |
| т                            | OTAL This Period (last page this line number of                                    | only)          |                                     |                                  | •  |  |         |      | _          |           | - <b>T</b> - |      |                  |    |  |  |

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| SCHEDULE A   | (FEC Form 3X) |
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|                                | EMIZED RECEIPTS   |             | for each catego<br>Detailed Summa                      |         | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |
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|                                | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n  |             |  |         | on for the purpose of soliciting contributions  |  |  |  |  |
| $\rangle$                      | NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PAC   |             |  |         |   |  |  |  |  |
| Α.                             | Full Name of Individual (Last, First, Middle Initial<br>Castroman, Marinella, , Mrs.,<br>Mailing Address 2971 Stanfield Avenue                    | ) or Full O | Organization Name                                      |         | Date of Receipt   |  |  |  |  |
|                                | City<br>Orlando   | State<br>FL | Zip Code<br>32814                                      |         | 09       01       2023         Transaction ID : A2023-1924746         Amount of Each Receipt this Period  |  |  |  |  |
|                                | FEC ID number of contributing federal political committee.  | С           |  |         | 115.39  |  |  |  |  |
|                                | Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ | Adm         | upation (for Individu<br>ninistrator<br>Year-to-Date ▼ | 2077.02 | Memo Item   |  |  |  |  |
|                                | Full Name of Individual (Last, First, Middle Initial<br>Castroman, Marinella, , Mrs.,<br>Mailing Address 2971 Stanfield Avenue                    | ) or Full O | Organization Name                                      |         | Date of Receipt   |  |  |  |  |
|                                | City<br>Orlando   | State<br>FL | Zip Code<br>32814                                      |         | 09     15     2023       Transaction ID : A2023-2036964       Amount of Each Receipt this Period          |  |  |  |  |
|                                | FEC ID number of contributing federal political committee.  | С           |  |         | 115.39<br>Memo Item   |  |  |  |  |
|                                | Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:   | Adn         | upation (for Individu<br>ninistrator                   | ual)    |   |  |  |  |  |
|                                | Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼   | 2192.41 |   |  |  |  |  |
| C.                             | Full Name of Individual (Last, First, Middle Initial Castroman, Marinella, , Mrs.,  | ) or Full O | Organization Name                                      |         | Date of Receipt   |  |  |  |  |
|                                | Mailing Address 2971 Stanfield Avenue   |             |  |         | 09 / 29 / 2023  |  |  |  |  |
|                                | City<br>Orlando   | State<br>FL | Zip Code<br>32814                                      |         | Transaction ID : A2023-2130229<br>Amount of Each Receipt this Period                                      |  |  |  |  |
|                                | FEC ID number of contributing federal political committee.  | С           |  |         | 115.39  |  |  |  |  |
| Select Medical Corporation Adn |   |             | upation (for Individu<br>ninistrator                   | ial)    | Memo Item   |  |  |  |  |
|                                | Primary General<br>Other (specify)  | Aggregate   | Year-to-Date ▼   | 2307.80 |   |  |  |  |  |
| s                              | UBTOTAL of Receipts This Page (optional)  |             |  | •••••   | 346.17  |  |  |  |  |
| т                              | OTAL This Period (last page this line number on   | ly)         |  | ····· ► |   |  |  |  |  |

| SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS              | Use so<br>for each<br>Detaile |
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X 11a 11b 11c 12 14 13 15 16 17 sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Select Medical Corporation PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Castroman, Marinella, , Mrs., Date of Receipt Α. Mailing Address 2971 Stanfield Avenue 2023 13 10 City State Zip Code Transaction ID : A2023-2294551 Orlando FL 32814 Amount of Each Receipt this Period FEC ID number of contributing С 115.39 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 2423.19 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Castroman, Marinella, , Mrs., Date of Receipt Mailing Address 2971 Stanfield Avenue 10 27 2023 City State Zip Code Transaction ID : A2023-2353837 FL Orlando 32814 Amount of Each Receipt this Period FEC ID number of contributing С 115.39 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrator Select Medical Corporation Receipt For: Aggregate Year-to-Date ▼ Primarv General 2538.58 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Castroman, Marinella, , Mrs., Date of Receipt Mailing Address 2971 Stanfield Avenue М 10 2023 11 City State Zip Code Transaction ID : A2023-2465157 FL Orlando 32814 Amount of Each Receipt this Period FEC ID number of contributing С 115.39 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrator Select Medical Corporation Receipt For: Aggregate Year-to-Date ▼ Primary General 2653.97 Other (specify) 346.17 SUBTOTAL of Receipts This Page (optional).....

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| SCHEDULE A   | (FEC Form 3X) |
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| 11          | EMIZED RECEIPTS   |              | for each category<br>Detailed Summary   |  | X 11a                             | a _                  | 11b<br>14           | 11c | 12<br>16             | 17   |  |  |
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|             | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n |              |   |  |                                   |                      |                     |     |                      |      |  |  |
| $\setminus$ | NAME OF COMMITTEE (In Full)   |              |   |  |                                   |                      |                     |     |                      |      |  |  |
|             | Select Medical Corporation PAC  |              |   |  |                                   |                      |                     |     |                      |      |  |  |
| Α.          | Full Name of Individual (Last, First, Middle Initia<br>Castroman, Marinella, , Mrs.,              | l) or Full C | Organization Name                       |  | Date                              | of R                 | eceipt              |     |                      |      |  |  |
|             | Mailing Address 2971 Stanfield Avenue   | State        | Zip Code                                |  | M M / D D / Y Y Y Y<br>11 24 2023 |                      |                     |     |                      |      |  |  |
|             | Orlando   | FL           | 32814                                   | -  |                                   | 2587564<br>his Perio | d                   |     |                      |      |  |  |
|             | FEC ID number of contributing federal political committee.  | С            |   |  |                                   |                      | 4                   |     |                      | 5.39 |  |  |
|             | Name of Employer (for Individual)<br>Select Medical Corporation                                   |              | upation (for Individual<br>ninistrator  | )  |                                   | Mem                  | o Item              |     |                      |      |  |  |
|             | Primary General   | Aggregate    | Year-to-Date ▼                          |  |                                   |                      |                     |     |                      |      |  |  |
|             | Other (specify)   | L            | 2                                       | 769.36   |                                   |                      |                     |     |                      |      |  |  |
| в.          | Full Name of Individual (Last, First, Middle Initia<br>Castroman, Marinella, , Mrs.,              | l) or Full C | Organization Name                       |  | Date                              | of R                 | eceipt              |     |                      |      |  |  |
|             | Mailing Address 2971 Stanfield Avenue   |              |   |  |                                   | 12 08 2023           |                     |     |                      |      |  |  |
|             | City<br>Orlando   | State<br>FL  |   | Transaction ID : A2023-2726339<br>Amount of Each Receipt this Period |                                   |                      |                     |     |                      |      |  |  |
|             | FEC ID number of contributing federal political committee.  | C            |   |  |                                   |                      | -y 1                |     | 115                  | 5.39 |  |  |
|             | Name of Employer (for Individual)<br>Select Medical Corporation                                   |              | cupation (for Individual<br>ministrator | )  | Ц                                 | Mem                  | o Item              |     |                      |      |  |  |
|             | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate    | Year-to-Date ▼                          | 884.75   |                                   |                      |                     |     |                      |      |  |  |
| <u> </u>    | Full Name of Individual (Last, First, Middle Initia<br>Castroman, Marinella, , Mrs.,              | l) or Full C | Organization Name                       |  | Date                              | of R                 | eceipt              |     |                      |      |  |  |
|             | Mailing Address 2971 Stanfield Avenue   |              |   |  | M<br>1:                           |                      | 22                  | / Y | 2023 Y               | Ý    |  |  |
|             | City<br>Orlando   | State<br>FL  | Zip Code<br>32814                       |  |                                   |                      | tion ID:<br>「Each R |     | 2802104<br>his Perio | d    |  |  |
|             | FEC ID number of contributing federal political committee.  | С            |   |  | Ę                                 |                      | , .<br>, .          | 9   | 115                  | 5.25 |  |  |
|             | Name of Employer (for Individual)<br>Select Medical Corporation                                   |              | upation (for Individual<br>ninistrator  | )  | Ц                                 | Mem                  | o Item              |     |                      |      |  |  |
|             | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate    | Year-to-Date ▼                          | 000.00   |                                   |                      |                     |     |                      |      |  |  |
| s           | UBTOTAL of Receipts This Page (optional)  |              |   | ····· ►  |                                   | _                    | ,                   | 9   | 346                  | .03  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED RECEIPTS  |  | for each category of the<br>Detailed Summary Page   | X         11a         11b         11c         12           13         14         15         16         17  |
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| or for commercial purposes, other that   |  |   | e to solicit contributions from such committee.  |
| NAME OF COMMITTEE (In Full) Select Medical Corpora   | tion PAC                                     |   |  |
| Full Name of Individual (Last, First<br>Cawley, Karen, A, Ms.,<br>Mailing Address 11877 N 81st St<br>City<br>Scottsdale<br>FEC ID number of contributing<br>federal political committee.   | , Middle Initial) or Full Org<br>State<br>AZ | Zip Code<br>85260-5633  | Date of Receipt  |
| Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         □       Primary         □       Other (specify)  | Admir  | oation (for Individual)<br>nistrator<br>ear-to-Date ▼<br>1615.32                          | Memo Item  |
| B. Full Name of Individual (Last, First<br>Cawley, Karen, A, Ms.,<br>Mailing Address 11877 N 81st St   | Middle Initial) or Full Org                  | anization Name  | Date of Receipt  |
| City<br>Scottsdale<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:   | Admi   | Zip Code<br>85260-5633  | Transaction ID : A2023-1635729         Amount of Each Receipt this Period         115.38         Memo Item |
| Full Name of Individual (Last, First Cawley, Karen, A, Ms.,         Mailing Address 11877 N 81st St         City         Scottsdale         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) | State<br>AZ<br>C<br>Occup<br>Admir           | Zip Code<br>85260-5633<br>Dation (for Individual)<br>histrator<br>fear-to-Date<br>1846.08 | Date of Receipt  |
| SUBTOTAL of Receipts This Page (<br>TOTAL This Period (last page this lin  |  | · · · · · · · · · · · · · · · · · · ·   | 346.14   |

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| ITEMIZED RECEIPTS   | tor each category of the<br>Detailed Summary Page   | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |
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|   | I<br>ad Statements may not be sold or used by any p<br>the name and address of any political committee  | erson for the purpose of soliciting contributions   |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |   |   |  |  |  |  |  |  |
| Select Medical Corporation F  | PAC   |   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>A. Cawley, Karen, A, Ms.,<br>Mailing Address 11877 N 81st St<br>City<br>Scottsdale<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:<br>Primary General | e Initial) or Full Organization Name          State       Zip Code         AZ       85260-5633         C       Occupation (for Individual)         Administrator       Aggregate Year-to-Date ▼ | Date of Receipt   |  |  |  |  |  |  |
| Other (specify) ▼   | 1961.46   | ]   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br><b>B.</b> Cawley, Karen, A, Ms.,<br>Mailing Address 11877 N 81st St   | e Initial) or Full Organization Name  | Date of Receipt   |  |  |  |  |  |  |
| City  | State Zip Code  | Transaction ID : A2023-1924788  |  |  |  |  |  |  |
| Scottsdale  | AZ 85260-5633   | Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | C   | 115.38  |  |  |  |  |  |  |
| Name of Employer (for Individual)   | Occupation (for Individual)<br>Administrator  | Memo Item   |  |  |  |  |  |  |
| Select Medical Corporation<br>Receipt For:  |   |   |  |  |  |  |  |  |
| Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>2076.84   | 1   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>Cawley, Karen, A, Ms.,  | e Initial) or Full Organization Name  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 11877 N 81st St   |   | 09 15 2023  |  |  |  |  |  |  |
| City  | State Zip Code  | Transaction ID : A2023-2037007  |  |  |  |  |  |  |
| Scottsdale  | AZ 85260-5633   | Amount of Each Receipt this Period  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С   | 115.38  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation   | Occupation (for Individual)<br>Administrator  | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Year-to-Date ▼<br>2192.22   | ]   |  |  |  |  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| ITEMIZED RECEIPTS   |  | each category of the<br>iled Summary Page                           |     | 11a<br>13 | $\square$     | 11b<br>14     | 11c<br>15              | 12       | 17     |
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| Any information copied from such Reports and St<br>or for commercial purposes, other than using the   |  |   |     | or the    |               | ose of        | soliciting             | contribu | itions |
| NAME OF COMMITTEE (In Full) Select Medical Corporation PAC  | ;  |   |     |           |               |               |                        |          |        |
| Full Name of Individual (Last, First, Middle Initi         A.       Cawley, Karen, A, Ms.,         Mailing Address       11877 N 81st St         City       Scottsdale         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ | State Zip<br>AZ E  | ) Code<br>55260-5633<br>(for Individual)                            |     | Amount    | acti<br>of    | 29<br>on ID : | A2023-2<br>Receipt th  |          |        |
| Full Name of Individual (Last, First, Middle Initi         Cawley, Karen, A, Ms.,         Mailing Address 11877 N 81st St         City         Scottsdale         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼              | State Zip<br>AZ 8<br>C<br>Occupation<br>Administrat<br>Aggregate Year-to | 0 Code<br>5260-5633<br>(for Individual)<br>or<br>-Date ▼<br>2422.98 |     | Amount    | action:<br>of | 13<br>on ID : | A2023-22<br>Receipt th |          |        |
| Full Name of Individual (Last, First, Middle Initi         C.       Cawley, Karen, A, Ms.,         Mailing Address       11877 N 81st St         City       Scottsdale         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify)   | State Zip<br>AZ 8  | ) Code<br>5260-5633<br>(for Individual)                             |     | Amount    | /<br>acti     | 27<br>on ID : |                        |          |        |
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| SCHEDULE A   | (FEC Fo | orm 3X) |
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| Arry Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicit contributions from such committee.       Init is in the purpose of 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       Oate of Receipt         Mailing Address 11877 N 81st St       Zip Code         Civity, Karen, A, Ms.,       State         Sociticate       Comparison (for Individual)         Sociticate       Az         Biological Corporation       Agregate Year-to-Date V         Civity, Karen, A, Ms.,       Agregate Year-to-Date V         Sociticate       Agregate Year-to-Date V         Biolity Science       Agregate Year-to-Date V         Poil Name of Individual)       Occupation (for Individual)         Sociesciale       Agregate Year-to-Date V         Poil Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Roll Name of Employer (for Individual)       Occupation (for Individual)         Sociesciale       Az       BS200-5633         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Name of Employer (for Individual)       Occupation (for Individual)       Agregate Year-to-Date V <th>11</th> <th>EMIZED RECEIPTS</th> <th></th> <th>for each category of the<br/>Detailed Summary Page</th> <th></th> <th><b>X</b> 11a</th> <th></th> <th>_</th> <th>11b</th> <th>11c</th> <th>12</th> <th><u> </u></th>  | 11                    | EMIZED RECEIPTS                 |                  | for each category of the<br>Detailed Summary Page |        | <b>X</b> 11a              |      | _      | 11b   | 11c          | 12        | <u> </u> |  |
|---|-----------------------|---------------------------------|------------------|---|--------|---------------------------|------|--------|-------|--------------|-----------|----------|--|
| NAME OF COMMITTEE (in Full)         Select Medical Corporation PAC         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         A. Cavley, Karen, A. Ms.,         Mailing Address 11977 N 81st St         City         Scottschale         Az         Agrey Reference A. Ms.,         Mailing Address 11977 N 81st St         City         Scottschale         Az         Agrey Reference A. Ms.,         Mailing Address 11977 N 81st St         City         Scottschale         City         Scottschale         Agregate Year-to-Date ▼         Primary       General         Pull Name of Individual (Last, First, Middle Initiat) or Full Organization Name         B. Cawley, Karon, A. Ms.,         B. Cawley, Karon, A. Ms.,         Mailing Address 11977 N 81st St         City         Scottschale         Rec Carboy, Karon, A. Ms.,         Name of Individual (Last, First, Middle Initiat) or Full Organization Name         B. Cawley, Karon, A. Ms.,         Name of Individual (Sast, First, Middle Initiat) or Full Organization Name         City       Agregate Year-to-Date ▼         City       General <t< td=""><td></td><td></td><td></td><td></td><td></td><td>for th</td><td></td><td>urpo</td><td>ose o</td><td>f soliciting</td><td>g contrib</td><td></td></t<>  |                       |                                 |                  |   |        | for th                    |      | urpo   | ose o | f soliciting | g contrib |          |  |
| Select Medical Corporation PAC         A. Cawley, Karen, A, Ms.,         Mailing Address 11877 N 81st St         City         Sociatale         PEC ID number of contributing federal political committee.         Paile Address 11877 N 81st St         City         Sociatale         Name of Employer (for Individual)         Address 11877 N 81st St         City         Sociatale         Paile Name of Employer (for Individual)         Address 11877 N 81st St         City         Sociatale         Sociatale         Az         B. Cawley, Karen, A, Ms.,         Mailing Address 11877 N 81st St         City         Sociatale         Receipt (for Individual (Last, First, Middle Initial) or Full Organization Name         B. Cawley, Karen, A, Ms.,         Mailing Address 11877 N 81st St         City         Sociatale         City         Secter Medical Corporation         Receipt (for Individual)         Select Medical Corporation         Mailing Address 11877 N 81st St         City         Sociatale         City         City         Sociatale   |                       |                                 |                  |   | , 10 3 | onon                      | 0111 | IIDU   |       |              |           |          |  |
| A.       Cavley, Karen, A, MS.,       Date of Receipt         Mailing Address 11877 N B1st St       11       10       2023         City       State       Zip Code       Receipt Network         Scottadale       AZ       B5200-5633       Anount of Each Receipt Network         FEC 10 number of contributing federal political committee.       C       115.38       Momont of Each Receipt Network         Name of Employer (for Individual)       Occupation (for Individual)       Aggregate Year-to-Date ▼       Date of Receipt         Bulk Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       Date of Receipt         B.       Cawley, Karen, A, MS.,       Date of Receipt Network       Date of Receipt         Mailing Address 11877 N 81st St       C       11       24       2023         City       State       Zip Code       AZ       Resceipt Network       Amount of Each Receipt Network         Mailing Address 11877 N 81st St       C       Interror       2023       Transaction ID IS 2023-2587366         Receipt For:       Primary       General       Occupation (for Individual)       Administrator         Receipt For:       Primary       General       Aggregate Year-to-Date ▼       Inter Saecopt Network         Other (specify) ♥  | $\left \right\rangle$ |                                 | С                |   |        |                           |      |        |       |              |           |          |  |
| City       State       Zip Code         Scottsdale       AZ       Zip Code         AZ       B5260-5633       Amount of Each Regist this Period         FEC 1D number of contributing<br>federal political committee.       C       11       10       2023_2465139         Name of Employer (for Individual)<br>Select Medical Corporation       Adgregate Year-to-Date ▼       115.38       Image: State       115.38         FEI Name of Individual (Last, First, Middle Initial) or Full Organization Name       Aggregate Year-to-Date ▼       Date of Receipt         B       Cawley, Karen, A, MS.,       Maling Address 11877 N 81st St       Tanaaction D: A2023-2867546.         Kity       State       Zip Code       Azd B5260-5633       Amount of Each Receipt Inis Period         Receipt City       State       Zip Code       Azd B5260-5633       Amount of Each Receipt Inis Period         Receipt City       State       Zip Code       Azd B5260-5633       Amount of Each Receipt Inis Period         Receipt City       State       Azd B5260-5633       Amount of Each Receipt Inis Period       Init 2 4 7 00 7 0223         FeE In Name of Individual (Last, First, Middle Initial) or Full Organization Name       Address 11877 N 81st St       Init 2 4 7 00 7 0223       Init 2 7 00 7 0223         Gity       Subto State       Az 8 2560-5633       Amount o   | <u> </u>              | • • •                           | itial) or Full C | Organization Name                                 |        | Date                      | of F | Rec    | ceipt |              |           |          |  |
| Scottsdale       AZ       85260-5633       Amount of Each Receipt this Period         FEC: Di number of contributing<br>federal political committee.       C       115.38         Name of Employer (for Individual)<br>Select Medical Corporation       Administrator         Preceipt For:<br>Primary       General<br>Other (specify) ▼       Aggregate Year-to-Date ▼         B:       Cawley, Karen, A, Ms.,<br>Maling Address 11877 N 81st St       Date of Receipt this Period         City       State       Zip Code<br>AZ       22653.74         Scottsdale       Az       Zip Code<br>AZ       Amount of Each Receipt this Period         Receipt Tor:<br>Primary       General<br>Other (specify) ▼       C       Date of Receipt<br>Transaction ID - A2023-2567546         Name of Employer (for Individual)<br>Select Medical Corporation       Administrator       Administrator         Receipt For:<br>Primary       General<br>Other (specify) ▼       Occupation (for Individual)<br>Administrator       Date of Receipt Memo Item         City       State       Zip Code<br>AZ       2769,12       Date of Receipt Memo Item         Mailing Address 11877 N 81st St       City       State       Zip Code<br>AZ       Administrator         Mailing Address 11877 N 81st St       City       State       Zip Code<br>AZ       Administrator         Mailing Address 11877 N 81st St       City       State   |                       | Mailing Address 11877 N 81st St |                  |   |        | M = M / D = D / Y = Y = Y |      |        |       |              |           |          |  |
| rederal political committee.       U       115.38         Name of Employer (for Individual)<br>Select Medical Corporation       Administrator         Receipt For:<br>B. Cawley, Karen, A, MS.,       Aggregate Year-to-Date ▼       Date of Receipt         B. Cawley, Karen, A, MS.,       State       Zip Code         Maiing Address 11877 N 81st St       City       State       Zip Code         Receipt For:<br>Becipt For:<br>City       State       Zip Code       Transaction ID : A2023:587546.         Name of Individual       Az       B5260-5633       Transaction ID : A2023:587546.         Name of Employer (for Individual)<br>Select Medical Corporation       Occupation (for Individual)<br>Administrator       Memo Item         Receipt For:<br>Becipt For:<br>City       Cawley, Karen, A, MS.,       Memo Item       Memo Item         Receipt For:<br>Becipt For:<br>City       Cayley, Karen, A, MS.,       Memo Item       Memo Item         Receipt For:<br>Becipt For:<br>City       Cayley, Karen, A, MS.,       Date of Receipt       Memo Item         Mailing Address 11877 N 81st St       City       State       Zip Code       Zip Code         Scottsdale       Az       B5260-5633       Transaction ID : A2023-2726381       Anount of Each Receipt Mis Period         City       State       Zip Code       Az       Sizeo-5633       Transaction ID : A2023-2  |                       | -                               |                  |   |        |                           |      |        |       |              | b         |          |  |
| Select Medical Corporation       Administrator         Receipt For:       Aggregate Year-to-Date ▼         Dither (specify) ▼       2653.74         B. Cawley, Karen, A, Ms.,       Mailing Address 11877 N B1st St         City       State         PC Dumber of contributing federal political committee.       C         Name of Employer (for individual)       Occupation (for Individual)         Aggregate Year-to-Date ▼       11 ′ ′ 24 ′ 2023         Transaction ID : A2023-2587546       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C         Name of Employer (for individual)       Occupation (for Individual)         Adgregate Year-to-Date ▼       115.38         Primary       General         Other (specify) ▼       2769.12         City       State         Zip Code       Az         Soctadale       Az         Eucl Madical Corporation       Aggregate Year-to-Date ▼         Mailing Address 11877 N 81st St       12 ′ 08 ′ 2023         City       State       Zip Code         Soctadale       Az       Zip Code         Soctadale       Az       Zip Code         Soctadale       Az       Zip Code         Soctadale   |                       | 0                               | С                |   |        |                           |      |        | ,     |              | 115       | .38      |  |
| Primary       General       Primary       2653.74         B.       Cawley, Karen, A, Ms.,       Image: State       210 Organization Name         B.       Cawley, Karen, A, Ms.,       Date of Receipt         Mailing Address 11877 N 81st St       State       210 Organization Name         City       State       210 Organization Name       Date of Receipt         Scottsdale       Az       B5260-5633       Transaction ID : A2023-2587546         Name of Employer (for Individual)       Occupation (for Individual)       Adgregate Year-to-Date ▼       Image: State         Beceipt For:       Aggregate Year-to-Date ▼       2769.12       Date of Receipt         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C.       Cawley, Karen, A, Ms.,       Date of Receipt         Mailing Address 11877 N 81st St       Transaction ID : A2023-2728381         City       State       Zip Code         Scottsdale       Az       B5260-5633         FEC ID number of contributing       C       Image: State         City       State       Zip Code         Scottsdale       Az       B5260-5633         FEC ID number of contributing       C       Image: State         Receipt For:   |                       | Select Medical Corporation      |                  |   |        |                           | Mer  | mo     | Item  |              |           |          |  |
| B. Cawley, Karen, A, Ms.,       Date of Receipt         Mailing Address 11877 N 81st St       Zip Code         City       State       AZ         Scottsdale       AZ       B5260-5633         FEC ID number of contributing       C       Intransaction ID: 24023-2587546         Amount of Employer (for Individual)       Occupation (for Individual)       Address 11877 N 81st St         Select Medical Corporation       Aggregate Year-to-Date ▼       Memo Item         Primary       General       Other (specify) ▼       Date of Receipt         Mailing Address 11877 N 81st St       C       Intervention Name       Date of Receipt         City       State       Zip Code       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address 11877 N 81st St       C       Intervention Name       Date of Receipt         City       State       Zip Code       AZ       85260-5633         FEC ID number of contributing federal political committee.       C       Intervention Adgregate Year-to-Date ▼       Intervention Adgregate Year-to-Date ▼         Name of Employer (for Individual)       Occupation (for Individual)       Adgregate Year-to-Date ▼       Intervention Adgregate Year-to-Date ▼         Name of Employer (for Individual)       Aggregate Year-to-Date ▼       Intis.38       Intervention Adgregat  |                       | Primary General                 | Aggregate        |   |        |                           |      |        |       |              |           |          |  |
| City       State       Zip Code       State       Zip Code         Scottsdale       AZ       85260-5633       Transaction ID: A2023-2587546         FEC ID number of contributing       C       11       24       2023         Mame of Employer (for Individual)       Occupation (for Individual)       Addministrator       Amount of Each Receipt this Period         Select Medical Corporation       Adgregate Year-to-Date ▼  | в.                    |                                 |                  |   |        |                           |      |        | eipt  |              |           |          |  |
| Sottsdale       AZ       85260-5633       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer (for Individual) Select Medical Corporation       Addinistrator       Amount of Each Receipt this Period         Receipt For:       Primary       General       Occupation (for Individual)       Aggregate Year-to-Date ▼         Primary       General       Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address 11877 N 81st St       City       State       Zip Code         Scottsdale       Az       85260-5633       Transaction ID : A2023-2726381         Amount of Each Receipt this Period       I15.38       Interview       Interview         Scottsdale       State       Zip Code       State       Az       85260-5633         FEC ID number of contributing federal political committee.       C       Interview       Interview       Interview         Name of Employer (for Individual)       Occupation (for Individual)       Administrator       Memo Item       Interview         Sect Medical Corporation       Aggregate Year-to-Date ▼       Interview       Interview       Interview         State       Aggregate Year-to-Date ▼       Inter (specify)   |                       | Mailing Address 11877 N 81st St |                  |   |        |                           |      |        |       |              |           |          |  |
| federal political committee.       Image: committee com |                       |                                 |                  |   |        |                           |      |        |       |              |           |          |  |
| Select Medical Corporation       Administrator         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C. Cawley, Karen, A, Ms.,       Date of Receipt         Mailing Address 11877 N 81st St       Transaction ID : A2023-2726381         City       State       Zip Code         Scottsdale       AZ       85260-5633         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         Select Medical Corporation       Aggregate Year-to-Date ▼         Primary       General       Occupation (for Individual)         Adgregate Year-to-Date ▼       Memo Item         SubstortAL of Receipts This Page (optional)   |                       | ů (                             |                  |   |        |                           |      | 115.38 |       |              |           |          |  |
| Primary       General         Other (specify)       2769.12         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C. Cawley, Karen, A, Ms.,       Mailing Address 11877 N 81st St       Date of Receipt         City       State       Zip Code         Scottsdale       AZ       B5260-5633         FEC ID number of contributing federal political committee.       C       115.38         Name of Employer (for Individual)       Occupation (for Individual)       Administrator         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         SubtrotAL of Receipts This Page (optional)   |                       | Select Medical Corporation      |                  |   |        |                           |      | mo     | Item  |              |           |          |  |
| C. Cawley, Karen, A, Ms.,       Date of Receipt         Mailing Address 11877 N 81st St       2023         City       State       Zip Code         Scottsdale       AZ       85260-5633         FEC ID number of contributing federal political committee.       C       115.38         Name of Employer (for Individual)       Occupation (for Individual)       Administrator         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         Primary       General       2884.50       346.14  |                       | Primary General                 |                  |   |        |                           |      |        |       |              |           |          |  |
| City       State       Zip Code       Transaction ID : A2023-2726381         Scottsdale       AZ       85260-5633       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       115.38         Name of Employer (for Individual)       Occupation (for Individual)       115.38         Select Medical Corporation       Administrator       Memo Item         Primary       General       2884.50       Memo Item         Other (specify)       2884.50       346.14   | <u>с</u> .            |                                 | itial) or Full C | Organization Name                                 |        | Date                      | of F | Rec    | ceipt |              |           |          |  |
| Scottsdale       AZ       85260-5633       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       115.38         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Select Medical Corporation       Aggregate Year-to-Date ▼       Memo Item         Primary       General       2884.50       346.14         SUBTOTAL of Receipts This Page (optional)  |                       |                                 |                  |   |        |                           |      | /      |       |              |           | Y        |  |
| FEC ID number of contributing federal political committee.       C       115.38         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Select Medical Corporation       Administrator       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         Other (specify)       2884.50       346.14   |                       |                                 |                  |   | -      |                           |      |        |       |              |           | 4        |  |
| Name of Enipoyer (for individual)       Occupation (for individual)         Select Medical Corporation       Administrator         Receipt For:       Aggregate Year-to-Date ▼         Other (specify)       2884.50         SUBTOTAL of Receipts This Page (optional)  |                       | 0                               | С                |   |        |                           |      |        |       |              |           |          |  |
| Primary       General         Other (specify)       2884.50         SUBTOTAL of Receipts This Page (optional)   |                       | Select Medical Corporation      |                  |   |        | Mer                       | mo   | ltem   |       |              |           |          |  |
|   |                       | Primary General                 | Aggregate        |   |        |                           |      |        |       |              |           |          |  |
| TOTAL the Derived (least needs this line number only)   | ⊢                     |                                 |                  |   | •<br>- | F                         | _    | ,      | ,     |              | 346       | .14      |  |

| SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS              | Use s<br>for ea<br>Detail |
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|           |  | Use separate schedule(s) |   |                 | (check only one)                  |            |               |            |        |  |  |
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| 11        | EMIZED RECEIPTS  |                          | for each category of the<br>Detailed Summary Page |                 | X 11a                             | 11b        | 11c           | 12<br>16   | 17     |  |  |
|           | y information copied from such Reports and S for commercial purposes, other than using the |                          |   |                 | for the                           | purpose of | of soliciting | g contribu | utions |  |  |
|           | NAME OF COMMITTEE (In Full)  |                          |   |                 |                                   |            |               |            |        |  |  |
| $\rangle$ | Select Medical Corporation PA  | С                        |   |                 |                                   |            |               |            |        |  |  |
| v         | Full Name of Individual (Last, First, Middle Ini   | tial) or Full C          | rganization Name                                  |                 |                                   |            |               |            |        |  |  |
| Α.        | Cawley, Karen, A, Ms.,   |                          |   |                 | Date of Receipt                   |            |               |            |        |  |  |
|           | Mailing Address 11877 N 81st St  |                          |   |                 | M M / D D / Y Y Y Y<br>12 22 2023 |            |               |            |        |  |  |
| City      |  | State                    | Zip Code  |                 | Trans                             | action ID  | : A2023-2     | 2802146    |        |  |  |
|           | Scottsdale   | AZ                       | 85260-5633  |                 | Amoun                             | t of Each  | Receipt th    | his Period | b      |  |  |
|           | FEC ID number of contributing federal political committee.                                 | С                        |   |                 |                                   |            |               | 115        | .38    |  |  |
|           | Name of Employer (for Individual)  | Occ                      | upation (for Individual)                          |                 | М                                 | emo Item   |               |            |        |  |  |
|           | Select Medical Corporation   |                          | ninistrator                                       |                 |                                   |            |               |            |        |  |  |
|           | Receipt For:   | Anareaste                | Year-to-Date <b>V</b>                             |                 |                                   |            |               |            |        |  |  |
|           | Primary General  | riggi oguto              |   | - 1             |                                   |            |               |            |        |  |  |
|           | Other (specify) <b>v</b>   | L                        | 2999.88   | -               |                                   |            |               |            |        |  |  |
|           | Full Name of Individual (Last, First, Middle Ini<br>Chambers, Jason, S, Mr.,               | tial) or Full C          | organization Name                                 |                 | Data                              | f Deceint  |               |            |        |  |  |
| В.        |  |                          |   | Date of Receipt |                                   |            |               |            |        |  |  |
|           | Mailing Address 1415 Aaron Creek Drive   |                          |   |                 |                                   | 07 07 2023 |               |            |        |  |  |
|           | City   | State                    | Zip Code  |                 | Trans                             | action ID  | : A2023-1     | 633251     |        |  |  |
|           | Fisherville  | KY                       | 40023   |                 | Amoun                             | t of Each  | Receipt th    | nis Period | b      |  |  |
|           | FEC ID number of contributing federal political committee.                                 | С                        |   |                 |                                   |            | -             | 115        | .39    |  |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation                            |                          | upation (for Individual)<br>e President           |                 | М                                 | emo Item   |               |            |        |  |  |
|           | Receipt For:   | Aggregate                | Year-to-Date ▼                                    |                 |                                   |            |               |            |        |  |  |
|           | Primary General  | 00 0                     |   |                 |                                   |            |               |            |        |  |  |
|           | Other (specify) <b>v</b>   |                          | 1615.46   | -               |                                   |            |               |            |        |  |  |
| с.        | Full Name of Individual (Last, First, Middle Ini<br>Chambers, Jason, S, Mr.,               | tial) or Full C          | organization Name                                 |                 | Date o                            | f Receipt  |               |            |        |  |  |
|           | Mailing Address 1415 Aaron Creek Drive   |                          |   |                 | 07                                | / D        |               | 2023       | Y      |  |  |
|           | City   | State                    | Zip Code  |                 | Trans                             | saction ID | : A2023-      | 1635694    |        |  |  |
|           | Fisherville  | KY                       | 40023   |                 | Amoun                             | t of Each  | Receipt th    | his Period | b      |  |  |
|           | FEC ID number of contributing federal political committee.                                 | С                        |   |                 | Ē                                 | . , .      |               | 115        | .39    |  |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation                            |                          | upation (for Individual)<br>President             |                 | M                                 | emo Item   |               |            |        |  |  |
|           | Receipt For:   | Aggregate                | Year-to-Date <b>V</b>                             |                 |                                   |            |               |            |        |  |  |
|           | Primary General  |                          | 1730.85   |                 |                                   |            |               |            |        |  |  |
|           | Other (specify)  |                          |   |                 |                                   |            |               |            |        |  |  |
| ⊢         | UBTOTAL of Receipts This Page (optional)   |                          |   | •               | Ę.                                | ,          |               | 346        | .16    |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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|               | EMIZED RECEIPTS  |   |               | Detailed Summary Page  |                  | 11a             |               | ] 11k         | 5 [            | 11c             |              | 12      | _           |    |  |
|---------------|--|---|---------------|--|------------------|-----------------|---------------|---------------|----------------|-----------------|--------------|---------|-------------|----|--|
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| An<br>or      | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n | tements ma<br>ame and a   | ay n<br>addre | ot be sold or used by any pe<br>ess of any political committee | erson f<br>to so | or the          | pur<br>ontrik | pose<br>outio | e of<br>Ins fi | soliciting      | g co<br>h co | ntribut | ions<br>ee. |    |  |
|               | NAME OF COMMITTEE (In Full)  |   |               |  |                  |                 |               |               |                |                 |              |         |             |    |  |
| $\Big\rangle$ | Select Medical Corporation PAC   |   |               |  |                  |                 |               |               |                |                 |              |         |             |    |  |
| A.            | Chambers, Jason, S, Mr.,   | me of Individual (Last, First, Middle Initial) or Full Organization Name<br>nbers, Jason, S, Mr.,<br>Address 1415 Aaron Creek Drive |               |  |                  |                 |               |               |                |                 |              |         |             |    |  |
|               | Maining Address 1415 Aaron Creek Drive   |   |               |  |                  | м м<br>08       | 1 /           |               | 04             | / Y             |              | 023     | Y           |    |  |
|               | City   | State   |               | Zip Code   |                  | Tran            | sact          | ion           | ID : .         | A2023-1         | 1679         | 302     |             |    |  |
|               | Fisherville  | KY  |               | 40023  |                  | Amour           | nt of         | Eac           | ch R           | eceipt th       | nis F        | 'eriod  |             |    |  |
|               | FEC ID number of contributing federal political committee.   | С   |               |  |                  |                 |               | -             |                | . т.<br>1 - уг. | _            | 115.3   | 9           |    |  |
|               | Name of Employer (for Individual)<br>Select Medical Corporation                                    |   |               | tion (for Individual)<br>esident                               |                  | N               | lemo          | o Ite         | m              |                 |              |         |             |    |  |
|               |  | Aggregate   | Yea           | ar-to-Date 🔻   |                  |                 |               |               |                |                 |              |         |             |    |  |
|               | Other (specify) ▼  |   | -9-           | 1846.24  |                  |                 |               |               |                |                 |              |         |             |    |  |
| в.            | Full Name of Individual (Last, First, Middle Initia<br>Chambers, Jason, S, Mr.,                    | l) or Full C  | )rgai         | nization Name  |                  | Date c          | of Re         | eceip         | ot             |                 |              |         |             |    |  |
|               | Mailing Address 1415 Aaron Creek Drive   |   |               | _  |                  | 08              | /             | D             | 18             | / Y             |              | )23     | Y           |    |  |
|               | City   | State   |               | Zip Code   |                  | Trans           | sact          | ion           | ID : /         | A2023-1         | 884          | 978     |             |    |  |
|               | Fisherville  | KY  |               | 40023  | /                | Amour           | nt of         | Eac           | h R            | eceipt th       | nis F        | 'eriod  |             |    |  |
|               | FEC ID number of contributing federal political committee.   | С   |               |  |                  | 115.39          |               |               |                |                 |              |         |             |    |  |
|               | Name of Employer (for Individual)<br>Select Medical Corporation                                    |   | •             | tion (for Individual)<br>esident                               |                  | N               | lemo          | o Ite         | m              |                 |              |         |             |    |  |
|               | Receipt For:   | Aggregate   | Yea           | ar-to-Date 🔻   |                  |                 |               |               |                |                 |              |         |             |    |  |
|               | Other (specify) ▼  |   | <b>,</b>      | 1961.63  |                  |                 |               |               |                |                 |              |         |             |    |  |
| с.            | Full Name of Individual (Last, First, Middle Initia<br>Chambers, Jason, S, Mr.,                    | l) or Full C  | )rgai         | nization Name  |                  | Date c          | of Re         | eceip         | ot             |                 |              |         |             |    |  |
|               | Mailing Address 1415 Aaron Creek Drive   |   |               |  |                  | <sup>M</sup> 09 | /             | D             | 01             | / Y             |              | 023     | Y           |    |  |
|               | City   | State<br>KY   |               | Zip Code   |                  | Tran            | sact          | tion          | ID :           | A2023-1         | 1924         | 753     |             |    |  |
|               | Fisherville  | Γ Κ Υ   |               | 40023  | _ /              | Amour           | nt of         | Eac           | ch R           | eceipt th       | nis F        | 'eriod  |             |    |  |
|               | FEC ID number of contributing federal political committee.   | С   |               |  |                  |                 |               | ,             |                | ,<br>,          | _            | 115.3   | 9           |    |  |
|               | Name of Employer (for Individual)  | Occ   | upat          | tion (for Individual)  |                  | N               | lemo          | o Ite         | em             |                 |              |         |             |    |  |
|               | Select Medical Corporation   | Vice  | Pre           | esident  |                  |                 |               |               |                |                 |              |         |             |    |  |
|               |  | Aggregate   | Yea           | ar-to-Date 🔻   |                  |                 |               |               |                |                 |              |         |             |    |  |
|               | Other (specify)  |   | -             | 2077.02  |                  |                 |               |               |                |                 |              |         |             |    |  |
| s             | UBTOTAL of Receipts This Page (optional)   |   |               |  | _                |                 |               | ,             |                | . ,             |              | 346.1   | 7           | ]  |  |
| т             | OTAL This Period (last page this line number on  | ly)   |               |  | Í                |                 |               | -             |                |                 |              |         |             |    |  |

| SCHEDULE A   | (FEC Form 3X) |
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|              |  |                        | Detailed Summary Page                    |                                    | <b>1</b> 1a                    | -       | _         | 11b          | 11c              |      | 12            | <u> </u>   |  |  |  |  |  |
|--------------|--|------------------------|--|------------------------------------|--------------------------------|---------|-----------|--------------|------------------|------|---------------|------------|--|--|--|--|--|
| Ar           | y information copied from such Reports and S                             | Statements m           | A not be sold or used by any r           | erson                              | for the                        | e ni    |           | 14<br>ose of | 15<br>soliciting |      | 16<br>ntribut | 17<br>ions |  |  |  |  |  |
|              | for commercial purposes, other than using the                            |                        |  |                                    |                                |         |           |              |                  |      |               |            |  |  |  |  |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)  | _                      |  |                                    |                                |         |           |              |                  |      |               |            |  |  |  |  |  |
| $\backslash$ | Select Medical Corporation PA  | С                      |  |                                    |                                |         |           |              |                  |      |               |            |  |  |  |  |  |
|              | Full Name of Individual (Last, First, Middle In                          | itial) or Full C       | Organization Name                        |                                    | Date                           | - f T   |           |              |                  |      |               |            |  |  |  |  |  |
| А.           | Mailing Address 1415 Aaron Creek Drive                                   | ambers, Jason, S, Mr., |  |                                    |                                |         |           |              |                  |      |               |            |  |  |  |  |  |
|              | Walking Address 1415 Aaron Creek Drive                                   |                        |  |                                    | <sup>M</sup> 09                |         | 1         | 15           | / Y              | 20   | 023           | Ŷ          |  |  |  |  |  |
|              | City   | State                  | Zip Code                                 |                                    | Transaction ID : A2023-2036971 |         |           |              |                  |      |               |            |  |  |  |  |  |
|              | Fisherville  | KY                     | 40023                                    | Amount of Each Receipt this Period |                                |         |           |              |                  |      |               |            |  |  |  |  |  |
|              | FEC ID number of contributing federal political committee.               | С                      |  | 115.39                             |                                |         |           |              |                  |      |               |            |  |  |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation          |                        | upation (for Individual)<br>e President  | Memo Item                          |                                |         |           |              |                  |      |               |            |  |  |  |  |  |
|              | Receipt For:   | Aggregate              | Year-to-Date ▼                           |                                    |                                |         |           |              |                  |      |               |            |  |  |  |  |  |
|              | Primary General<br>Other (specify) ▼                                     |                        | 2192.41                                  | ]                                  |                                |         |           |              |                  |      |               |            |  |  |  |  |  |
| в.           | Full Name of Individual (Last, First, Middle In Chambers, Jason, S, Mr., | itial) or Full C       | Organization Name                        |                                    | Date                           | of F    | Rec       | ceipt        |                  |      |               |            |  |  |  |  |  |
|              | Mailing Address 1415 Aaron Creek Drive                                   |                        |  |                                    | 09 / 29 / Y Y Y Y Y<br>2023    |         |           |              |                  |      |               |            |  |  |  |  |  |
|              | City   | State<br>KY            | Zip Code<br>40023                        | Transaction ID : A2023-2130236     |                                |         |           |              |                  |      |               |            |  |  |  |  |  |
|              | Fisherville  |                        | Amou                                     | nt c                               | of E                           | Each Re | eceipt th | is P         | Period           |      |               |            |  |  |  |  |  |
|              | FEC ID number of contributing federal political committee.               | С                      |  | 115.39                             |                                |         |           |              |                  |      |               |            |  |  |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation          |                        | cupation (for Individual)<br>e President |                                    |                                | Men     | no        | Item         |                  |      |               |            |  |  |  |  |  |
|              | Receipt For:   | Aggregate              | Year-to-Date 🔻                           |                                    |                                |         |           |              |                  |      |               |            |  |  |  |  |  |
|              | Primary General<br>Other (specify) ▼                                     |                        | 2307.80                                  | ]                                  |                                |         |           |              |                  |      |               |            |  |  |  |  |  |
| <u>с.</u>    | Full Name of Individual (Last, First, Middle In Chambers, Jason, S, Mr., | itial) or Full C       | Organization Name                        |                                    | Date                           | of F    | Rec       | ceipt        |                  |      |               |            |  |  |  |  |  |
|              | Mailing Address 1415 Aaron Creek Drive                                   |                        |  |                                    | <sup>M</sup> 10                |         | /         | D D D 13     | / Y              |      | )23           | Y          |  |  |  |  |  |
|              | City<br>Fisherville  | State<br>KY            | Zip Code<br>40023                        | _                                  |                                |         |           |              | A2023-2          |      |               |            |  |  |  |  |  |
|              |  | IN I                   | 40023                                    | _                                  | Amou                           | nt c    | of E      | Each Re      | eceipt th        | is P | eriod         |            |  |  |  |  |  |
|              | FEC ID number of contributing federal political committee.               | С                      |  |                                    | Ľ.                             | _       |           | y            | 9                | _    | 115.3         | 39         |  |  |  |  |  |
|              | Name of Employer (for Individual)  |                        | upation (for Individual)                 |                                    |                                | Mer     | mo        | ltem         |                  |      |               |            |  |  |  |  |  |
|              | Select Medical Corporation<br>Receipt For:                               |                        | e President                              |                                    |                                |         |           |              |                  |      |               |            |  |  |  |  |  |
|              | Primary General  | Aggregate              | Year-to-Date ▼                           |                                    |                                |         |           |              |                  |      |               |            |  |  |  |  |  |
|              | Other (specify)  |                        | 2423.19                                  | 4                                  |                                |         |           |              |                  |      |               |            |  |  |  |  |  |
| s            | UBTOTAL of Receipts This Page (optional)                                 |                        |  | •                                  |                                |         |           |              |                  | =    | 346.1         | 7          |  |  |  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |  |
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| 11           | EMIZED RECEIPTS   |               |                         | for each category of the<br>Detailed Summary Page |                      | X 11   |                 |      | 1 <sup>-</sup> | 1b<br>4                      | _   | 11c<br>15   |  | 12<br>16 | Ē     | 7 |  |  |  |
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| $\backslash$ | NAME OF COMMITTEE (In Full)   |               |                         |   |                      |        |                 |      |                |                              |     |   |  |          |       |   |  |  |  |
|              | Select Medical Corporation PAC  | ,             |                         |   |                      |        |                 |      |                |                              |     |   |  |          |       |   |  |  |  |
| Α.           | · · · ·   | al) or Full C | Orgai                   | nization Name                                     |                      | Dat    | e of            | f Re | ece            | eipt                         |     |   |  |          |       |   |  |  |  |
|              | Mailing Address 1415 Aaron Creek Drive  |               |                         | 1   | 10 / Y Y Y Y<br>2023 |        |                 |      |                |                              |     |   |  |          | Y     |   |  |  |  |
|              | City<br>Fisherville   | State<br>KY   |                         | Zip Code<br>40023                                 |                      |        |                 |      |                | <mark>n ID :</mark><br>ach F |     |   |  |          |       |   |  |  |  |
|              | FEC ID number of contributing federal political committee.                                  | С             |                         |   |                      |        |                 |      | -,             |                              |     | -   |  | 115.     | 39    | ] |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                             |               |                         | tion (for Individual)<br>esident                  |                      |        | M               | emc  | o It           | tem                          |     |   |  |          |       |   |  |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Yea           | ar-to-Date ▼<br>2538.58 |   |                      |        |                 |      |                |                              |     |   |  |          |       |   |  |  |  |
| В.           | Full Name of Individual (Last, First, Middle Initi<br>Chambers, Jason, S, Mr.,              | al) or Full C | Orgai                   | nization Name                                     |                      | Dat    | e of            | f Re | ece            | eipt                         |     |   |  |          |       |   |  |  |  |
|              | Mailing Address 1415 Aaron Creek Drive  |               |                         |   |                      | M      | ™<br>11         | /    | I              | D [<br>10                    |     | Y   |  | ,<br>23  | Y     |   |  |  |  |
|              | City<br>Fisherville   | State<br>KY   |                         | Zip Code<br>40023                                 |                      |        |                 |      |                |                              |     | on ID : A2023-2465164<br>Each Receipt this Period |  |          |       |   |  |  |  |
|              | FEC ID number of contributing federal political committee.                                  | С             |                         |   |                      | 115.39 |                 |      |                |                              |     |   |  |          | 39    |   |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                             |               |                         | tion (for Individual)<br>esident                  | Memo Item            |        |                 |      |                |                              |     |   |  |          |       |   |  |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Yea                     | ar-to-Date ▼<br>2653.97                           |                      |        |                 |      |                |                              |     |   |  |          |       |   |  |  |  |
| с.           | Full Name of Individual (Last, First, Middle Initi<br>Chambers, Jason, S, Mr.,              | al) or Full C | Orgai                   | nization Name                                     |                      | Dat    | e of            | f Re | ece            | eipt                         |     |   |  |          |       |   |  |  |  |
|              | Mailing Address 1415 Aaron Creek Drive  |               |                         |   |                      | Μ.     | 11 <sup>M</sup> | 1    | [              | D 24                         |     | Y   |  | 23       | Y     |   |  |  |  |
|              | City<br>Fisherville   | State<br>KY   |                         | Zip Code<br>40023                                 |                      |        |                 |      |                | n <b>ID :</b><br>ach F       |     |   |  |          |       |   |  |  |  |
|              | FEC ID number of contributing federal political committee.                                  | С             |                         |   |                      | Ē      | _               |      | 9              |                              |     | 9   |  | 115.     | 39    |   |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                             |               | •                       | tion (for Individual)<br>esident                  |                      | Ц      | М               | emo  | o li           | tem                          |     |   |  |          |       |   |  |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Yea                     | ar-to-Date ▼<br>2769.36                           |                      |        |                 |      |                |                              |     |   |  |          |       |   |  |  |  |
| s            | UBTOTAL of Receipts This Page (optional)  |               |                         | •   |                      |        |                 |      | 7              |                              |     | 9   |  | 346.     | 17    | ] |  |  |  |
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| SCHEDULE A (FEC Form 3X) |  |
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| ITEMIZED RECEIPTS        |  |

Use separate schedule(s) for each category of the

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|   |                         | Detailed Summary Page             |        | 11a                        |      | 11b       | 11c        | 12      |                   |    |  |  |  |  |  |
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| NAME OF COMMITTEE (In Full)   |                         |                                   |        |                            |      |           |            |         |                   |    |  |  |  |  |  |
| Select Medical Corporatior  | PAC                     |                                   |        |                            |      |           |            |         |                   |    |  |  |  |  |  |
| Full Name of Individual (Last, First, Mic<br>A. Chambers, Jason, S, Mr.,              | ldle Initial) or Full O | rganization Name                  | [      | Date o                     | f R  | eceipt    |            |         |                   |    |  |  |  |  |  |
| Mailing Address 1415 Aaron Creek Driv   | e                       |                                   |        | 12 08 / Y Y Y Y<br>2023    |      |           |            |         |                   |    |  |  |  |  |  |
| City  | State                   | Zip Code                          |        | Trans                      | sac  | tion ID : | A2023-2    | 726346  | ;                 |    |  |  |  |  |  |
| Fisherville   | KY                      | 40023                             | A      | Amoun                      | t of | Each F    | Receipt th | is Peri | od                |    |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                            | С                       |                                   | 115.39 |                            |      |           |            |         |                   |    |  |  |  |  |  |
| Name of Employer (for Individual)   | Occ                     | upation (for Individual)          |        | М                          | em   | o Item    |            |         |                   |    |  |  |  |  |  |
| Select Medical Corporation  | Vice                    | President                         |        |                            |      |           |            |         |                   |    |  |  |  |  |  |
| Receipt For:  | Aggregate               | Year-to-Date ▼                    |        |                            |      |           |            |         |                   |    |  |  |  |  |  |
| Primary General   | 1.99.09410              |                                   | - L -  |                            |      |           |            |         |                   |    |  |  |  |  |  |
| Other (specify) V   |                         | 2884.75                           |        |                            |      |           |            |         |                   |    |  |  |  |  |  |
| Full Name of Individual (Last, First, Mic   | Idle Initial) or Full O | rganization Name                  |        |                            |      |           |            |         |                   |    |  |  |  |  |  |
| B. Chambers, Jason, S, Mr.,   |                         |                                   | [      | Date of                    | f R  | eceipt    |            |         |                   |    |  |  |  |  |  |
| Mailing Address 1415 Aaron Creek Driv   | e                       |                                   |        | 12 / D D / Y Y Y Y<br>2023 |      |           |            |         |                   |    |  |  |  |  |  |
| City  | State                   | Zip Code                          |        | Trans                      | act  | tion ID : | A2023-2    | 802111  |                   |    |  |  |  |  |  |
| Fisherville   | KY                      | 40023                             | /      | Amoun                      | t of | Each F    | Receipt th | is Peri | od                |    |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                            | С                       |                                   | 115.25 |                            |      |           |            |         |                   |    |  |  |  |  |  |
| Name of Employer (for Individual)   | Occ                     | Memo Item                         |        |                            |      |           |            |         |                   |    |  |  |  |  |  |
| Select Medical Corporation  |                         | President                         |        |                            |      |           |            |         |                   |    |  |  |  |  |  |
| Receipt For:  | Aggregate               | Year-to-Date ▼                    |        |                            |      |           |            |         |                   |    |  |  |  |  |  |
| Primary General   | , iggi oguto            |                                   | - L -  |                            |      |           |            |         |                   |    |  |  |  |  |  |
| Other (specify) <b>v</b>  |                         | 3000.00                           |        |                            |      |           |            |         |                   |    |  |  |  |  |  |
| Full Name of Individual (Last, First, Mic<br>C. Chernow, David, S, Mr.,               | Idle Initial) or Full O | rganization Name                  |        | Date o                     | f R  | eceipt    |            |         |                   |    |  |  |  |  |  |
| Mailing Address 700 Gladstone Court   |                         |                                   |        | м м<br>07                  | 1    | 07        |            | 2023    |                   |    |  |  |  |  |  |
| City  | State                   | Zip Code                          |        | Trans                      | sac  | tion ID : | A2023-1    | 63327   | 3                 |    |  |  |  |  |  |
| Mechanicsburg   | PA                      | 17055                             | A      | Amoun                      | t of | Each F    | Receipt th | is Peri | od                |    |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                            | С                       |                                   |        |                            |      | , i       | . ,        | 19      | 92.3 <sup>2</sup> | 1  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation                       |                         | upation (for Individual)<br>ident |        | M                          | lem  | o Item    |            |         |                   |    |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                                    | Aggregate               | Year-to-Date ▼<br>2692.34         | ]      |                            |      |           |            |         |                   |    |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optio   | nal)                    |                                   |        |                            |      | , .       |            | 42      | 2.95              | 5  |  |  |  |  |  |

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| SCHEDULE A   | (FEC Form | 3X) |
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| 171 |  | Use separate schedule(s) |   |                                    | (check only one)                 |      |  |                      |          |       |    |  |  |  |  |
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| 111 |  |                          | for each category of the<br>Detailed Summary Page |                                    | ✓ 11a<br>13                      |      | 11b  | 11c                  | 12       | г     | 17 |  |  |  |  |
|     | y information copied from such Reports and St<br>for commercial purposes, other than using the |                          |   |                                    | for the                          |      | oose of                                      | soliciting           | g contri | butio | ns |  |  |  |  |
|     | NAME OF COMMITTEE (In Full)  |                          | ······  |                                    |                                  |      |  |                      |          |       |    |  |  |  |  |
|     | Select Medical Corporation PAC   | )                        |   |                                    |                                  |      |  |                      |          |       |    |  |  |  |  |
| Α.  | Full Name of Individual (Last, First, Middle Init<br>Chernow, David, S, Mr.,                   | al) or Full O            | Organization Name                                 |                                    | Date of                          | Re   | ceipt  |                      |          |       |    |  |  |  |  |
|     | Mailing Address 700 Gladstone Court  |                          |   |                                    | 07 / D D / Y Y Y Y<br>07 21 2023 |      |  |                      |          |       |    |  |  |  |  |
|     | City<br>Mechanicsburg  | State<br>PA              | Zip Code<br>17055                                 |                                    |                                  |      |  | A2023-1<br>eceipt th |          |       |    |  |  |  |  |
|     | FEC ID number of contributing federal political committee.                                     | С                        |   |                                    | <u> </u>                         |      | -  |                      | 19       | 92.31 |    |  |  |  |  |
|     | Name of Employer (for Individual)<br>Select Medical Corporation                                |                          | upation (for Individual)<br>sident                |                                    | M                                | emo  | Item   |                      |          |       |    |  |  |  |  |
|     | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                | Year-to-Date ▼<br>2884.65                         | ]                                  |                                  |      |  |                      |          |       |    |  |  |  |  |
| в.  | Full Name of Individual (Last, First, Middle Init<br>Chernow, David, S, Mr.,                   | al) or Full O            | Organization Name                                 |                                    | Date of                          | Re   | ceipt  |                      |          |       |    |  |  |  |  |
|     | Mailing Address 700 Gladstone Court  |                          |   |                                    |                                  |      | 08 04 2023<br>Transaction ID : A2023-1679324 |                      |          |       |    |  |  |  |  |
|     | City   | State                    | Zip Code  |                                    | Trans                            | acti | on ID : /                                    | A2023-1              | 679324   | 1     |    |  |  |  |  |
|     | Mechanicsburg  | PA                       | 17055   | Amount of Each Receipt this Period |                                  |      |  |                      |          |       |    |  |  |  |  |
|     | FEC ID number of contributing federal political committee.                                     | C                        |   |                                    |                                  |      | 192.3  |                      |          |       |    |  |  |  |  |
|     | Name of Employer (for Individual)<br>Select Medical Corporation                                | Occ<br>Pre               |   | M                                  | emo                              | Item |  |                      |          |       |    |  |  |  |  |
|     | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                | Year-to-Date ▼<br>3076.96                         | ]                                  |                                  |      |  |                      |          |       |    |  |  |  |  |
| с.  | Full Name of Individual (Last, First, Middle Init<br>Chernow, David, S, Mr.,                   | al) or Full O            | Organization Name                                 |                                    | Date of                          | Re   | ceipt  |                      |          |       |    |  |  |  |  |
|     | Mailing Address 700 Gladstone Court  |                          |   |                                    | 08 <sup>M</sup>                  | /    | D D<br>18                                    | / Y                  | 2023     |       |    |  |  |  |  |
|     | City<br>Mechanicsburg  | State<br>PA              | Zip Code<br>17055                                 |                                    |                                  |      |  | A2023-1<br>eceipt th |          |       | _  |  |  |  |  |
|     | FEC ID number of contributing federal political committee.                                     | С                        |   |                                    | <u> </u>                         |      | y 1  | y                    | 19       | 92.31 |    |  |  |  |  |
|     | Name of Employer (for Individual)<br>Select Medical Corporation                                |                          | upation (for Individual)<br>sident                |                                    | M                                | emc  | tem  |                      |          |       |    |  |  |  |  |
|     | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                | Year-to-Date ▼<br>3269.27                         | ]                                  |                                  |      |  |                      |          |       |    |  |  |  |  |
| s   | UBTOTAL of Receipts This Page (optional)   |                          | ······  |                                    |                                  |      | ,  | 9                    | 57       | 76.93 |    |  |  |  |  |
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|    | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r<br>NAME OF COMMITTEE (In Full) |               |                          |  |   |                 |           |          |              |          |                |    |  |  |  |
|    | Select Medical Corporation PAC   |               |                          |  |   |                 |           |          |              |          |                |    |  |  |  |
| Α. | Full Name of Individual (Last, First, Middle Initia<br>Chernow, David, S, Mr.,<br>Mailing Address 700 Gladstone Court            | ll) or Full C | Drgar                    | nization Name                                    | Date of Receipt   |                 |           |          |              |          |                |    |  |  |  |
|    | Vialing Address 700 Gladstone Court  |               |                          |  | 09 01 2023  |                 |           |          |              |          |                |    |  |  |  |
|    | City<br>Mechanicsburg  | State<br>PA   |                          | Zip Code<br>17055                                | Transaction ID : A2023-1924775           Amount of Each Receipt this Period |                 |           |          |              |          |                |    |  |  |  |
|    | FEC ID number of contributing federal political committee.   | С             |                          |  |   | Ľ.              | -         |          | - <b>7</b> - | 1        | 192.3 <i>^</i> |    |  |  |  |
|    | Name of Employer (for Individual)<br>Select Medical Corporation  |               | cupat<br>side            | ion (for Individual)<br>nt                       |   | M               | emo Iter  | n        |              |          |                |    |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate     | Yea                      | ar-to-Date ▼<br>3461.58                          |   |                 |           |          |              |          |                |    |  |  |  |
| В. | Full Name of Individual (Last, First, Middle Initia<br>Chernow, David, S, Mr.,   | l) or Full C  | Drgar                    | nization Name                                    |   | Date o          | f Receip  | t        |              |          |                |    |  |  |  |
|    | Mailing Address 700 Gladstone Court  |               |                          |  | 09 / D / Y Y Y Y<br>2023  |                 |           |          |              |          |                |    |  |  |  |
|    | City   | State         |                          | Zip Code   | Trans   | action I        | D : A20   | )23-20   | 03699        | 94       |                |    |  |  |  |
|    | Mechanicsburg  | PA            |                          | 17055  |   | Amoun           | t of Eacl | n Rece   | eipt thi     | is Pe    | riod           |    |  |  |  |
|    | FEC ID number of contributing federal political committee.   | С             |                          |  | 192.31  |                 |           |          |              |          |                |    |  |  |  |
|    | Name of Employer (for Individual)<br>Select Medical Corporation  |               | cupat<br>eside           | tion (for Individual)<br>nt                      | Memo Item   |                 |           |          |              |          |                |    |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate     | r-to-Date ▼<br>3653.89   |  |   |                 |           |          |              |          |                |    |  |  |  |
| с. | Full Name of Individual (Last, First, Middle Initia<br>Chernow, David, S, Mr.,   | ll) or Full C | Drgar                    | nization Name                                    |   | Date o          | f Receip  | t        |              |          |                |    |  |  |  |
|    | Mailing Address 700 Gladstone Court  |               |                          | 1  |   | <sup>M</sup> 09 | / D       | 29       | / Y          | ү<br>202 | 3              |    |  |  |  |
|    | City<br>Mechanicsburg  | State<br>PA   |                          | Zip Code<br>17055                                |   |                 | t of Eacl |          |              |          |                |    |  |  |  |
|    | FEC ID number of contributing federal political committee.   | С             |                          |  |   | Ľ.              | 9         |          | y            | 1        | 192.37         |    |  |  |  |
|    | Name of Employer (for Individual)<br>Select Medical Corporation  |               | cupat<br>sider           | ion (for Individual)<br>ht                       |   | M               | emo Iter  | n        |              |          |                |    |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate     | Yea                      | ar-to-Date ▼<br>3846.20                          |   |                 |           |          |              |          |                |    |  |  |  |
| s  | UBTOTAL of Receipts This Page (optional)   |               |                          | •  |   |                 | . ,       |          | 9            | 5        | 576.93         | 3  |  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED RECEIPTS  |                                  | for each category of the<br>Detailed Summary Page  |   | < 11a<br>13            |              | 11b             | 11c        | 12                                   | 17     |
|--|----------------------------------|--|---|------------------------|--------------|-----------------|------------|--------------------------------------|--------|
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| NAME OF COMMITTEE (In Full) Select Medical Corporation   | n PAC                            |  |   |                        |              |                 |            |                                      |        |
| Full Name of Individual (Last, First, Mic         A.       Chernow, David, S, Mr.,         Mailing Address       700 Gladstone Court         City       Mechanicsburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ | State<br>PA<br>C<br>Occo<br>Pres | rganization Name<br>Zip Code<br>17055<br>upation (for Individual)<br>sident<br>Year-to-Date ▼<br>4038.51 |   | Amount                 | acti<br>t of | 13              |            | 2023<br>2294521<br>nis Perioc<br>192 |        |
| Full Name of Individual (Last, First, Mic         Chernow, David, S, Mr.,         Mailing Address 700 Gladstone Court         City         Mechanicsburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General  | State<br>PA<br>C<br>Occ<br>Pre   | rganization Name<br>Zip Code<br>17055<br>upation (for Individual)<br>sident<br>Year-to-Date ▼            |   | Amount                 | acti<br>t of | 27<br>on ID : / |            | 2023<br>2353866<br>nis Perioc<br>192 |        |
| C. Chernow, David, S, Mr.,<br>Mailing Address 700 Gladstone Court  | State                            | 4230.82<br>rganization Name<br>Zip Code  |   | Date of<br>11<br>Trans | /            | 10              | J L        | 2023<br>2465126                      | Y      |
| Mechanicsburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify)   | Pres                             | 17055<br>upation (for Individual)<br>sident<br>Year-to-Date ▼<br>4423.13                                 |   | Ē                      |              | Each R          | eceipt tł  | nis Perioo<br>192                    |        |
| SUBTOTAL of Receipts This Page (optio  |                                  |  | • |                        |              | <b>7</b>        | , ,        | 576                                  | .93    |

| SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS              | Use<br>for e<br>Deta |
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| TIEMIZED RECEIPTS   |                                       | for each category of the<br>Detailed Summary Page                                    | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |
|---|---------------------------------------|--|---|--|--|--|--|--|--|--|
|   |                                       |  | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.      |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full) Select Medical Corporation  | PAC                                   |  |   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd         A.       Chernow, David, S, Mr.,         Mailing Address       700 Gladstone Court         City       Mechanicsburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) | State<br>PA<br>C<br>Occ<br>Pres       | Zip Code<br>17055<br>upation (for Individual)<br>sident<br>Year-to-Date ▼<br>4615.44 | Date of Receipt   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>B. Chernow, David, S, Mr.,<br>Mailing Address 700 Gladstone Court<br>City   | le Initial) or Full C                 | Date of Receipt<br>12 08 2023<br>Transaction ID : A2023-2726368                      |   |  |  |  |  |  |  |  |
| Mechanicsburg<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)   |                                       | upation (for Individual)   | Amount of Each Receipt this Period  192.31 Memo Item  |  |  |  |  |  |  |  |
| Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼   |                                       | sident<br>Year-to-Date ▼<br>4807.75  | ]   |  |  |  |  |  |  |  |
| C. Full Name of Individual (Last, First, Midd<br>Chernow, David, S, Mr.,<br>Mailing Address 700 Gladstone Court<br>City<br>Mechanicsburg<br>FEC ID number of contributing<br>federal political committee.   | Ile Initial) or Full C<br>State<br>PA | Zip Code<br>17055  | Date of Receipt   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:<br>Primary General<br>Other (specify)   | Pres                                  | upation (for Individual)<br>sident<br>Year-to-Date ▼<br>5000.00                      | Memo Item   |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option  | al)                                   |  | 576.87  |  |  |  |  |  |  |  |

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| SCHEDULE A   | (FEC  | Form | 3X) |
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|           | EMIZED RECEIPTS   |                   | for each category of the<br>Detailed Summary Page | X 11a 11b 11c 12<br>13 14 15 16  | 17 |  |  |  |  |  |  |  |  |
|-----------|---|-------------------|---|--|----|--|--|--|--|--|--|--|--|
|           |   |                   |   | erson for the purpose of soliciting contributions<br>to solicit contributions from such committee. |    |  |  |  |  |  |  |  |  |
|           | NAME OF COMMITTEE (In Full)   |                   |   |  |    |  |  |  |  |  |  |  |  |
| $\rangle$ | Select Medical Corporation PA   | NC                |   |  |    |  |  |  |  |  |  |  |  |
| Α.        | Full Name of Individual (Last, First, Middle In<br>Collins, Michael, E, Mr.,<br>Mailing Address 540 Raymond Dr. |                   |   |  |    |  |  |  |  |  |  |  |  |
|           |   |                   |   | 10 06 Y Y Y Y Y<br>2023  |    |  |  |  |  |  |  |  |  |
|           | City  | State             | Zip Code  | Transaction ID : A2023-2224584   |    |  |  |  |  |  |  |  |  |
|           | West Chester  | PA                | 19380   | Amount of Each Receipt this Period   |    |  |  |  |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.  | С                 |   | 3000.00  |    |  |  |  |  |  |  |  |  |
|           | Name of Employer (for Individual)   | Occu              | pation (for Individual)                           | Memo Item  |    |  |  |  |  |  |  |  |  |
|           | Select Medical Corporation  | Vice              | President of Operations                           |  |    |  |  |  |  |  |  |  |  |
|           | Receipt For:  | Aggregate         | Year-to-Date 🔻                                    |  |    |  |  |  |  |  |  |  |  |
|           | Primary General   |                   |   | 1  |    |  |  |  |  |  |  |  |  |
|           | Other (specify) V   |                   | 3000.00   |  |    |  |  |  |  |  |  |  |  |
|           | Full Name of Individual (Last, First, Middle In Cook, Thomas, , ,   | Data of Dessist   |   |  |    |  |  |  |  |  |  |  |  |
| В.        |   |                   |   | Date of Receipt  |    |  |  |  |  |  |  |  |  |
| ļ         | Mailing Address 4714 Gettysburg Rd  |                   |   | 07 07 2023   |    |  |  |  |  |  |  |  |  |
|           | City  | State             | Zip Code  | Transaction ID : A2023-1633287   |    |  |  |  |  |  |  |  |  |
|           | Mechanicsburg   | PA                | 17055   | Amount of Each Receipt this Period   |    |  |  |  |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.  | С                 |   | 115.39   |    |  |  |  |  |  |  |  |  |
|           | Name of Employer (for Individual)   | Осси              | upation (for Individual)                          | Memo Item  |    |  |  |  |  |  |  |  |  |
|           | Select Medical Corporation  | Exe               | cutive  |  |    |  |  |  |  |  |  |  |  |
|           | Receipt For:  | Aggregate         | Year-to-Date ▼                                    |  |    |  |  |  |  |  |  |  |  |
|           | Primary General   |                   |   | 1  |    |  |  |  |  |  |  |  |  |
|           | Other (specify) <b>v</b>  |                   | 1615.46   |  |    |  |  |  |  |  |  |  |  |
| <u>с.</u> | Full Name of Individual (Last, First, Middle In Cook, Thomas, , ,   | nitial) or Full O | rganization Name                                  | Date of Receipt  |    |  |  |  |  |  |  |  |  |
|           | Mailing Address 4714 Gettysburg Rd  |                   |   | 07 21 2023   |    |  |  |  |  |  |  |  |  |
|           | City  | State             | Zip Code  | Transaction ID : A2023-1635730   |    |  |  |  |  |  |  |  |  |
|           | Mechanicsburg   | PA                | 17055   | Amount of Each Receipt this Period   |    |  |  |  |  |  |  |  |  |
|           | FEC ID number of contributing   |                   |   |  |    |  |  |  |  |  |  |  |  |
|           | federal political committee.  | C                 |   | 115.39   | _  |  |  |  |  |  |  |  |  |
|           | Name of Employer (for Individual)   | Occu              | pation (for Individual)                           | Memo Item  |    |  |  |  |  |  |  |  |  |
|           | Select Medical Corporation  | Exec              | utive   |  |    |  |  |  |  |  |  |  |  |
|           | Receipt For:  | Aggregate         | Year-to-Date 🔻                                    |  |    |  |  |  |  |  |  |  |  |
|           | Primary General   |                   | 4700.05   | 1  |    |  |  |  |  |  |  |  |  |
|           | Other (specify)   |                   | 1730.85   | 1  |    |  |  |  |  |  |  |  |  |
| s         | UBTOTAL of Receipts This Page (optional)  |                   |   | 3230.78  |    |  |  |  |  |  |  |  |  |

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|    | CHEDULE A (FEC Form 3X)<br>EMIZED RECEIPTS  |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE<br>(check only | / one)              | 11c                        | 64 OF  |          |  |  |  |  |
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|    | y information copied from such Reports and St<br>for commercial purposes, other than using the                |  |   |                         |                     |                            |        |          |  |  |  |  |
|    | NAME OF COMMITTEE (In Full)   |  |   |                         |                     |                            |        | <u>.</u> |  |  |  |  |
|    | Select Medical Corporation PAC  | ;  |   |                         |                     |                            |        |          |  |  |  |  |
| Α. | Full Name of Individual (Last, First, Middle Initi<br>Cook, Thomas, , ,                                       | al) or Full C                            | organization Name   | Date of Receipt         |                     |                            |        |          |  |  |  |  |
|    | Mailing Address 4714 Gettysburg Rd  |  |   | M = M<br>08             | / D<br>04           | D / Y                      | 2023   | r        |  |  |  |  |
|    | City<br>Mechanicsburg   | State<br>PA                              | Zip Code<br>17055   |                         |                     | : A2023-16<br>Receipt this | 79338  |          |  |  |  |  |
|    | FEC ID number of contributing federal political committee.  | С  |   |                         |                     |                            | 115.39 | 9        |  |  |  |  |
|    | Name of Employer (for Individual)<br>Select Medical Corporation   |  | upation (for Individual)<br>cutive  | Me                      | emo Item            |                            |        |          |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                                | Year-to-Date<br>1846.24   | ]                       |                     |                            |        |          |  |  |  |  |
| В. | Full Name of Individual (Last, First, Middle Initi<br>Cook, Thomas, , ,<br>Mailing Address 4714 Gettysburg Rd | Date of                                  | Receipt   | D / Y                   | Y Y Y Y             |                            |        |          |  |  |  |  |
|    |   |  |   | 08                      | 08 18 2023          |                            |        |          |  |  |  |  |
|    | City<br>Mechanicsburg   | State<br>PA                              | Zip Code<br>17055   |                         |                     | A2023-18<br>Receipt this   |        |          |  |  |  |  |
|    | FEC ID number of contributing federal political committee.  | С  |   |                         | 115.39<br>Memo Item |                            |        |          |  |  |  |  |
|    | Name of Employer (for Individual)<br>Select Medical Corporation   |  | upation (for Individual)<br>ecutive   | Me                      |                     |                            |        |          |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Primary General Aggregate Tear-to-Date V |   |                         |                     |                            |        |          |  |  |  |  |
| с. | Full Name of Individual (Last, First, Middle Initi<br>Cook, Thomas, , ,                                       | al) or Full C                            | organization Name   | Date of                 | Receipt             |                            |        |          |  |  |  |  |
|    | Mailing Address 4714 Gettysburg Rd  |  |   | М — М<br>09             | / D 01              |                            | 2023   | ſ        |  |  |  |  |
|    | City<br>Mechanicsburg   | State<br>PA                              | Zip Code<br>17055   |                         |                     | : A2023-19<br>Receipt this |        |          |  |  |  |  |
|    | FEC ID number of contributing federal political committee.  | С  |   |                         | 115.39              |                            |        |          |  |  |  |  |
|    | Name of Employer (for Individual)<br>Select Medical Corporation   |  | upation (for Individual)<br>cutive  | Me                      | emo Item            |                            |        |          |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                                | Year-to-Date ▼<br>2077.02   | ]                       |                     |                            |        |          |  |  |  |  |

| SUBTOTAL of Receipts This Page (optional)           | Г                  |          |   |      |   |      | _    |
|---|--------------------|----------|---|------|---|------|------|
|   | (optional) ) 346.1 | <u> </u> |   |      |   |      |      |
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| TOTAL This Period (last page this line number only) | L                  | <br>     | - |      | - | <br> |      |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| TIEMIZED RECEIPTS   |                                  | for each category of the<br>Detailed Summary Page |                                    | 11a                                |      | 11b    | 11c        | 12         |    |  |  |  |  |  |
|---|----------------------------------|---|------------------------------------|------------------------------------|------|--------|------------|------------|----|--|--|--|--|--|
| r   |                                  |   |                                    | 13                                 |      | 14     | 15         | 16         | 17 |  |  |  |  |  |
| Any information copied from such<br>or for commercial purposes, other |                                  |   |                                    |                                    |      |        |            |            |    |  |  |  |  |  |
| NAME OF COMMITTEE (In Fu  | ll)                              |   |                                    |                                    |      |        |            |            |    |  |  |  |  |  |
| Select Medical Corpo  | oration PAC                      |   |                                    |                                    |      |        |            |            |    |  |  |  |  |  |
| Full Name of Individual (Last, I<br>A. Cook, Thomas, , ,              | First, Middle Initial) or Full C | organization Name                                 |                                    | Date of Receipt                    |      |        |            |            |    |  |  |  |  |  |
| Mailing Address 4714 Gettysbu   | irg Rd                           |   | 09 / D D / Y Y Y Y Y<br>2023       |                                    |      |        |            |            |    |  |  |  |  |  |
| City  | State                            | Zip Code  |                                    | Trans                              | act  | ion ID | : A2023-2  | 037008     |    |  |  |  |  |  |
| Mechanicsburg   | PA                               | 17055   | Amount of Each Receipt this Period |                                    |      |        |            |            |    |  |  |  |  |  |
| FEC ID number of contributing federal political committee.            | C                                |   | 115.39                             |                                    |      |        |            |            |    |  |  |  |  |  |
| Name of Employer (for Individu<br>Select Medical Corporation          | ,                                | upation (for Individual)<br>cutive                |                                    | М                                  | emo  | tem    |            |            |    |  |  |  |  |  |
| Receipt For:  | Angregate                        | Year-to-Date ▼                                    |                                    |                                    |      |        |            |            |    |  |  |  |  |  |
| Primary Genera  |                                  |   | 1.                                 |                                    |      |        |            |            |    |  |  |  |  |  |
| Other (specify) ▼   |                                  | 2192.41   | 4                                  |                                    |      |        |            |            |    |  |  |  |  |  |
| Full Name of Individual (Last, I<br>B. Cook, Thomas, , ,              |                                  | Date of   | f Re                               | eceipt                             |      |        |            |            |    |  |  |  |  |  |
| Mailing Address 4714 Gettysbu   |                                  | 09 29 2023  |                                    |                                    |      |        |            |            |    |  |  |  |  |  |
| City  | State                            | Zip Code  |                                    | Transaction ID : A2023-2130273     |      |        |            |            |    |  |  |  |  |  |
| Mechanicsburg   | PA                               | 17055   | /                                  | Amount of Each Receipt this Period |      |        |            |            |    |  |  |  |  |  |
| FEC ID number of contributing federal political committee.            | C                                |   |                                    | 115.39                             |      |        |            |            |    |  |  |  |  |  |
| Name of Employer (for Individu<br>Select Medical Corporation          | ,                                | upation (for Individual)<br>acutive               |                                    | М                                  | emo  | tem    |            |            |    |  |  |  |  |  |
| Receipt For:<br>Primary Genera<br>Other (specify) ▼                   |                                  | Year-to-Date ▼<br>2307.80                         |                                    |                                    |      |        |            |            |    |  |  |  |  |  |
| Full Name of Individual (Last, I<br>C. Cook, Thomas, , ,              | -irst, Middle Initial) or Full C | Prganization Name                                 |                                    | Date of                            | f Re | eceipt |            |            |    |  |  |  |  |  |
| Mailing Address 4714 Gettysbu   | irg Rd                           |   |                                    | <sup>M</sup> 10                    |      | D 13   |            | 2023       | Y  |  |  |  |  |  |
| City  | State                            | Zip Code  |                                    | Trans                              | sact | ion ID | : A2023-2  | 294536     |    |  |  |  |  |  |
| Mechanicsburg   | PA                               | 17055   | /                                  | Amoun                              | t of | Each I | Receipt th | nis Period | i  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.            | C                                |   |                                    |                                    |      | y .    |            | 115.       | 39 |  |  |  |  |  |
| Name of Employer (for Individu  |                                  | upation (for Individual)                          | -                                  | М                                  | emo  | b Item |            |            |    |  |  |  |  |  |
| Select Medical Corporation<br>Receipt For:                            | Exe                              | cutive  | _                                  |                                    |      |        |            |            |    |  |  |  |  |  |
| Primary Genera  |                                  | Year-to-Date <b>V</b>                             |                                    |                                    |      |        |            |            |    |  |  |  |  |  |
| Other (specify)   |                                  | 2423.19   |                                    |                                    |      |        |            |            |    |  |  |  |  |  |
| SUBTOTAL of Receipts This Pag   | ge (optional)                    | •••••   | •                                  |                                    |      | ,      | ,          | 346.       | 17 |  |  |  |  |  |
| TOTAL This Period (last page th                                       | is line number only)             | ••••••  |                                    |                                    |      | _      |            |            |    |  |  |  |  |  |

| SCHEDULE A   | (FEC  | Form | 3X) |
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| ITEMIZED REC | EIPTS | \$   |     |

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| IT. |   | Use separate schedule(s)                 |                   |   |                                | (check only one)   |                                    |           |                       |        |          |     |  |  |
|-----|---|--|-------------------|---|--------------------------------|--|------------------------------------|-----------|-----------------------|--------|----------|-----|--|--|
| 11  | EMIZED RECEIPTS   |  |                   | for each category of the<br>Detailed Summary Page |                                | X 11a<br>13  |                                    | 11b<br>14 | 11c                   |        | 12<br>16 | 17  |  |  |
|     | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |  |                   |   |                                | for the  |                                    | rpose of  | soliciting            | g cont | tributio | ons |  |  |
|     | NAME OF COMMITTEE (In Full)   |  |                   |   |                                |  |                                    |           |                       |        |          |     |  |  |
|     | Select Medical Corporation PAC  | ;  |                   |   |                                |  |                                    |           |                       |        |          |     |  |  |
| Α.  | Full Name of Individual (Last, First, Middle Initi<br>Cook, Thomas, , ,                         | al) or Full O                            | )rga              | nization Name                                     |                                | Date o   | of Re                              | eceipt    |                       |        |          |     |  |  |
|     | Mailing Address 4714 Gettysburg Rd  |  |                   |   | 10 27 Y Y Y Y<br>2023          |  |                                    |           |                       |        |          |     |  |  |
|     | City<br>Mechanicsburg   | State<br>PA                              |                   | Zip Code<br>17055                                 |                                |  |                                    |           | A2023-2<br>Receipt th |        |          |     |  |  |
|     | FEC ID number of contributing federal political committee.                                      | С  |                   |   |                                | <u> </u>   |                                    | ap. 1     |                       |        | 115.3    | 9   |  |  |
|     | Name of Employer (for Individual)<br>Select Medical Corporation                                 | Occu<br>Exe                              |                   | tion (for Individual)<br>ve                       |                                | M  | lem                                | o Item    |                       |        |          |     |  |  |
|     | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                                | Yea               | ar-to-Date ▼<br>2538.58                           | ]                              |  |                                    |           |                       |        |          |     |  |  |
| в.  | Full Name of Individual (Last, First, Middle Initi<br>Cook, Thomas, , ,                         | al) or Full O                            | rga               | nization Name                                     |                                | Date o   | of Re                              | eceipt    |                       |        |          |     |  |  |
|     | Mailing Address 4714 Gettysburg Rd  |  |                   |   |                                |  | 11 / D / Y Y Y Y<br>2023           |           |                       |        |          |     |  |  |
|     | City<br>Mechanicsburg   | State<br>PA                              | Zip Code<br>17055 | -   | Transaction ID : A2023-2465140 |  |                                    |           |                       |        |          |     |  |  |
|     | FEC ID number of contributing federal political committee.                                      | C  |                   |   |                                |  | Amount of Each Receipt this Period |           |                       |        |          |     |  |  |
|     | Name of Employer (for Individual)<br>Select Medical Corporation                                 | Occupation (for Individual)<br>Executive |                   |   |                                |  | Memo Item                          |           |                       |        |          |     |  |  |
|     | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>2653.97      |                   |   |                                |  |                                    |           |                       |        |          |     |  |  |
| с.  | Full Name of Individual (Last, First, Middle Initi<br>Cook, Thomas, , ,                         | al) or Full O                            | rga               | nization Name                                     |                                | Date o   | of Re                              | eceipt    |                       |        |          |     |  |  |
|     | Mailing Address 4714 Gettysburg Rd  |  |                   | -   |                                | 11 <sup>M</sup>  |                                    | D 24      | JL                    | 202    |          | Ŷ   |  |  |
|     | City<br>Mechanicsburg   | State<br>PA                              |                   | Zip Code<br>17055                                 |                                |  |                                    |           | A2023-2<br>Receipt th |        |          |     |  |  |
|     | FEC ID number of contributing federal political committee.                                      | С  |                   |   |                                | <u> </u>   |                                    | y .       | , ,                   |        | 115.3    | Э   |  |  |
|     | Name of Employer (for Individual)<br>Select Medical Corporation                                 | Occu<br>Exec                             | •                 | tion (for Individual)<br>/e                       |                                | N  | lem                                | o Item    |                       |        |          |     |  |  |
|     | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                                | Yea               | ar-to-Date ▼<br>2769.36                           | ]                              |  |                                    |           |                       |        |          |     |  |  |
| ⊢   | UBTOTAL of Receipts This Page (optional)  |  |                   |   | ▶<br>-                         | [.   | -                                  | y         |                       | ;      | 346.17   | 7   |  |  |
| ΙĨ  | OTAL This Period (last page this line number o  | niy)                                     |                   | •••••••   |                                | la de la companya de | 1.                                 | -         |                       | -      |          |     |  |  |

| SCHEDULE A   | (FEC  | Form | 3X) |
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| ITEMIZED REC | EIPTS |      |     |

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| 11 | EMIZED RECEIPTS   |                | for each category of the<br>Detailed Summary Page |                  | X 11a<br>13  |     | 11b<br>14 | 11c<br>15            |        | 2       | 17  |  |  |  |  |  |
|    | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r |                |   |                  | for the  |     | pose of   | soliciting           | g cont | ributio | ons |  |  |  |  |  |
|    | NAME OF COMMITTEE (In Full)   |                |   |                  |  |     |           |                      |        |         |     |  |  |  |  |  |
|    | Select Medical Corporation PAC  |                |   |                  |  |     |           |                      |        |         |     |  |  |  |  |  |
| Α. | Full Name of Individual (Last, First, Middle Initia<br>Cook, Thomas, , ,                          | al) or Full Or | rganization Name                                  |                  | Date of  | Re  | eceipt    |                      |        |         |     |  |  |  |  |  |
|    | Mailing Address 4714 Gettysburg Rd  |                |   |                  | 12 / D D / Y Y Y Y<br>12 08 2023                                     |     |           |                      |        |         |     |  |  |  |  |  |
|    | City<br>Mechanicsburg   | State<br>PA    | Zip Code<br>17055                                 |                  | Transaction ID : A2023-2726382<br>Amount of Each Receipt this Period |     |           |                      |        |         |     |  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.  | С              |   |                  | 115.39   |     |           |                      |        |         |     |  |  |  |  |  |
|    | Name of Employer (for Individual)<br>Select Medical Corporation                                   |                | upation (for Individual)<br>cutive                |                  | М  | emc | tem       |                      |        |         |     |  |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate      | Year-to-Date ▼<br>2884.75                         |                  |  |     |           |                      |        |         |     |  |  |  |  |  |
| _  | Full Name of Individual (Last, First, Middle Initia   | al) or Full Or | rganization Name                                  |                  | _  |     |           |                      |        |         |     |  |  |  |  |  |
| в. | Cook, Thomas, , ,<br>Mailing Address 4714 Gettysburg Rd   |                |   |                  | Date of Receipt  |     |           |                      |        |         |     |  |  |  |  |  |
|    | City  | State          | Zip Code  |                  | Transaction ID : A2023-2802147                                       |     |           |                      |        |         |     |  |  |  |  |  |
|    | Mechanicsburg   | PA             | 17055   |                  | Amount of Each Receipt this Period                                   |     |           |                      |        |         |     |  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.  | C              |   | 115.25           |  |     |           |                      |        |         |     |  |  |  |  |  |
|    | Name of Employer (for Individual)<br>Select Medical Corporation                                   | Occu<br>Exec   |   | Memo Item        |  |     |           |                      |        |         |     |  |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate      | Year-to-Date ▼<br>, 3000.00                       | ]                |  |     |           |                      |        |         |     |  |  |  |  |  |
| с. | Full Name of Individual (Last, First, Middle Initia Davisson, Katherine, , ,                      | al) or Full Or | rganization Name                                  |                  | Date of  | Re  | eceipt    |                      |        |         |     |  |  |  |  |  |
|    | Mailing Address 25 Cantral Park W<br>Apt 14R  |                |   |                  | M M / D D / Y Y Y Y<br>11 28 2023                                    |     |           |                      |        |         |     |  |  |  |  |  |
|    | City<br>New York  | State<br>NY    | Zip Code<br>10023                                 |                  |  |     |           | A2023-2<br>eceipt th |        |         |     |  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.  | С              |   |                  |  |     | ,         | ,                    |        | 000.00  | C   |  |  |  |  |  |
|    | Name of Employer (for Individual)<br>Select Medical Corporation                                   |                | upation (for Individual)<br>rd of Directors       |                  | М  | emo | tem       |                      |        |         |     |  |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate      | Year-to-Date ▼<br>5000.00                         | ]                |  |     |           |                      |        |         |     |  |  |  |  |  |
| ⊢  | UBTOTAL of Receipts This Page (optional)  |                |   | ▶<br>▶           |  | _   | ,         | · · ·                | 52     | 230.64  | 4   |  |  |  |  |  |

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

FOR LINE NUMBER:

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| 11 | EMIZED RECEIPTS   |   | for each category of the<br>Detailed Summary Page |                                   | 11a<br>13                     |        | 11b<br>14  | 11c        |        | 12<br>16           | 17  |  |  |  |  |  |
|    | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |   |   |                                   | for the                       |        | pose of    | solicitin  | g con  | tributio           | ons |  |  |  |  |  |
|    | NAME OF COMMITTEE (In Full)   |   |   |                                   |                               |        |            |            |        |                    |     |  |  |  |  |  |
|    | Select Medical Corporation PAC  |   |   |                                   |                               |        |            |            |        |                    |     |  |  |  |  |  |
| ×  | Full Name of Individual (Last, First, Middle Initia   | al) or Full O                                 | rganization Name                                  |                                   |                               |        |            |            |        |                    |     |  |  |  |  |  |
| Α. | Deemer, Miriam, R, Mrs.,  |   |   | [                                 | Date of                       | Re     | eceipt     |            |        |                    |     |  |  |  |  |  |
|    | Mailing Address 285 Merriweather Rd   |   |   |                                   | 07 / D D / Y Y Y Y<br>07 2023 |        |            |            |        |                    |     |  |  |  |  |  |
|    | City  | State   | Zip Code  |                                   | Trans                         | act    | ion ID :   | A2023-1    | 6332   | 76                 |     |  |  |  |  |  |
|    | Grosse Pointe Farms   | MI  | 48236-3428  | /                                 | Amount                        | of     | Each F     | Receipt th | nis Pe | eriod              |     |  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.                                      | С   |   | 192.31                            |                               |        |            |            |        |                    |     |  |  |  |  |  |
|    | Name of Employer (for Individual)   | Оссі  | upation (for Individual)                          |                                   | Me                            | emc    | ltem       |            |        |                    |     |  |  |  |  |  |
|    | Select Medical Corporation  |   | President   |                                   |                               |        |            |            |        |                    |     |  |  |  |  |  |
|    | Receipt For:  | Anareaste                                     | Year-to-Date ▼                                    |                                   |                               |        |            |            |        |                    |     |  |  |  |  |  |
|    | Primary General   | riggrogato                                    |   | - 1                               |                               |        |            |            |        |                    |     |  |  |  |  |  |
|    | Other (specify) V   | L   | 2692.34   |                                   |                               |        |            |            |        |                    |     |  |  |  |  |  |
|    | Full Name of Individual (Last, First, Middle Initia   | al) or Full O                                 | rganization Name                                  |                                   |                               |        |            |            |        |                    |     |  |  |  |  |  |
| Β. | Deemer, Miriam, R, Mrs.,  |   |   | [                                 | Date of                       | Re     | eceipt     |            |        |                    |     |  |  |  |  |  |
|    | Mailing Address 285 Merriweather Rd   |   |   | M M / D D / Y Y Y Y<br>07 21 2023 |                               |        |            |            |        |                    |     |  |  |  |  |  |
|    | City  | State   |   | Transaction ID : A2023-1635719    |                               |        |            |            |        |                    |     |  |  |  |  |  |
|    | Grosse Pointe Farms   | MI  | 48236-3428  | /                                 | Amount                        | of     | Each F     | Receipt tl | nis Pe | eriod              |     |  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.                                      | C   |   |                                   |                               | 192.31 |            |            |        |                    |     |  |  |  |  |  |
|    | Name of Employer (for Individual)<br>Select Medical Corporation                                 |   | upation (for Individual)<br>President             |                                   | Me                            | emo    | tem        |            |        |                    |     |  |  |  |  |  |
|    | Receipt For:  | Aggregate                                     | Year-to-Date ▼                                    |                                   |                               |        |            |            |        |                    |     |  |  |  |  |  |
|    | Primary General   | 33 - 3  |   | 11.                               |                               |        |            |            |        |                    |     |  |  |  |  |  |
|    | Other (specify)   |   | , 2884.65   |                                   |                               |        |            |            |        |                    |     |  |  |  |  |  |
| с. | Full Name of Individual (Last, First, Middle Initia<br>Deemer, Miriam, R, Mrs.,                 | al) or Full O                                 | rganization Name                                  | 1                                 | Date of                       | Re     | eceipt     |            |        |                    |     |  |  |  |  |  |
|    | Mailing Address 285 Merriweather Rd   |   |   |                                   | 08 04 2023                    |        |            |            |        |                    |     |  |  |  |  |  |
|    | City  | State   | Zip Code  |                                   | Trans                         | act    | ion ID :   | A2023-     | 16793  | 27                 |     |  |  |  |  |  |
|    | Grosse Pointe Farms   | MI  | 48236-3428  | /                                 | Amount                        | of     | Each F     | Receipt th | nis Pe | eriod              |     |  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.                                      | С   |   |                                   |                               |        | ,          | , ,        |        | 192.3 <sup>-</sup> | 1   |  |  |  |  |  |
|    | Name of Employer (for Individual)<br>Select Medical Corporation                                 | Occupation (for Individual)<br>Vice President |   |                                   |                               | emo    | tem Item   |            |        |                    |     |  |  |  |  |  |
|    | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                                     | Year-to-Date ▼<br>3076.96                         | ]                                 |                               |        |            |            |        |                    |     |  |  |  |  |  |
|    | UBTOTAL of Receipts This Page (optional)<br>OTAL This Period (last page this line number o      |   |   |                                   |                               | -      | , .<br>, . |            |        | 576.93             | 3   |  |  |  |  |  |

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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| ITEMIZED RECEIPTS   |                                   | for each category of the<br>Detailed Summary Page                  | X         11a         11b         11c         12           13         14         15         16         17   |  |  |  |  |  |
|---|-----------------------------------|--|---|--|--|--|--|--|
| or for commercial purposes, other than using  |                                   |  | erson for the purpose of soliciting contributions   |  |  |  |  |  |
| NAME OF COMMITTEE (In Full) Select Medical Corporation P  | AC                                |  |   |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>A. Deemer, Miriam, R, Mrs.,<br>Mailing Address 285 Merriweather Rd<br>City<br>Grosse Pointe Farms<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For: | State<br>MI<br>C<br>Occ<br>Vice   | Zip Code<br>48236-3428<br>upation (for Individual)<br>e President  | Date of Receipt          Max       18       2023         Transaction ID : A2023-1885003         Amount of Each Receipt this Period         192.31         Memo Item |  |  |  |  |  |
| Primary General<br>Other (specify) ▼  | Aggregate                         | Year-to-Date ▼<br>3269.27  | ]   |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br><b>B.</b> Deemer, Miriam, R, Mrs.,<br>Mailing Address 285 Merriweather Rd<br>City<br>Grosse Pointe Farms<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)  | State<br>MI<br>Occ                | Zip Code<br>48236-3428<br>upation (for Individual)                 | Date of Receipt<br>09 01 2023<br>Transaction ID : A2023-1924778<br>Amount of Each Receipt this Period<br>192.31<br>Memo Item  |  |  |  |  |  |
| Select Medical Corporation<br>Receipt For:<br>Primary General<br>Other (specify) ▼  | Primary General General           |  |   |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>Deemer, Miriam, R, Mrs.,<br>Mailing Address 285 Merriweather Rd<br>City<br>Grosse Pointe Farms<br>FEC ID number of contributing<br>federal political committee.   | Initial) or Full C<br>State<br>MI | Zip Code<br>48236-3428   | Date of Receipt Date of Receipt D9 / 2023 Transaction ID : A2023-2036997 Amount of Each Receipt this Period 192.31  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:<br>Primary General<br>Other (specify)   | Vice                              | upation (for Individual)<br>President<br>Year-to-Date ▼<br>3653.89 | Memo Item   |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)<br>TOTAL This Period (last page this line numb  |                                   |  | 576.93  |  |  |  |  |  |

| SCHEDULE A   | (FEC Form | n <b>3X)</b> |
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| ITEMIZED REC | EIPTS     |              |

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

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|   |   | Detailed Summary Page                 |        | 11a             |      | 11b         | 11c       |          | 12       |    |  |  |  |  |  |  |
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|   |   |                                       |        | 13              |      | 14          | 15        |          | 16       | 17 |  |  |  |  |  |  |
| Any information copied from such Reports<br>or for commercial purposes, other than us |   |                                       |        |                 |      |             |           |          |          |    |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |   |                                       |        |                 |      |             |           |          |          |    |  |  |  |  |  |  |
| Select Medical Corporation  | n PAC   |                                       |        |                 |      |             |           |          |          |    |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>A. Deemer, Miriam, R, Mrs.,               | II Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Deemer, Miriam, R, Mrs., |                                       |        |                 |      |             |           |          |          |    |  |  |  |  |  |  |
| Mailing Address 285 Merriweather Rd   |   |                                       |        | <sup>M</sup> 09 | 1    | / D D D 29  | / Y       |          | )23      | Y  |  |  |  |  |  |  |
| City  | State   | Zip Code                              |        | Trans           | sac  | tion ID :   | A2023-2   | 1302     | 262      |    |  |  |  |  |  |  |
| Grosse Pointe Farms   | MI  | 48236-3428                            |        | Amoun           | t of | f Each R    | eceipt th | is P     | eriod    |    |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                            | С   |                                       |        |                 |      | -           |           | _        | 192.3    |    |  |  |  |  |  |  |
| Name of Employer (for Individual)   | Occu  | pation (for Individual)               | _      | М               | em   | o Item      |           |          |          |    |  |  |  |  |  |  |
| Select Medical Corporation  |   | President                             |        |                 |      |             |           |          |          |    |  |  |  |  |  |  |
| Receipt For:  | Aggrogato   | Year-to-Date ▼                        |        |                 |      |             |           |          |          |    |  |  |  |  |  |  |
| Primary General   | Aggregate   |                                       |        |                 |      |             |           |          |          |    |  |  |  |  |  |  |
| Other (specify) V   |   | 3846.20                               | 4      |                 |      |             |           |          |          |    |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>B. Deemer, Miriam, R, Mrs.,               | ddle Initial) or Full O   | ganization Name                       |        | Date o          | f R  | eceipt      |           |          |          |    |  |  |  |  |  |  |
| Mailing Address 285 Merriweather Rd   |   |                                       |        | м м<br>10       | 1    | / D D<br>13 | / Y       | y<br>202 | 23<br>23 | Y  |  |  |  |  |  |  |
| City  | State   | Zip Code                              |        | Trans           | ac   | tion ID :   | A2023-2   | 2945     | 524      |    |  |  |  |  |  |  |
| Grosse Pointe Farms   | MI  | 48236-3428                            | /      | Amoun           | t of | f Each R    | eceipt th | is P     | eriod    |    |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                            | С   |                                       | 192.31 |                 |      |             |           |          |          |    |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation                       |   | ipation (for Individual)<br>President |        | Memo Item       |      |             |           |          |          |    |  |  |  |  |  |  |
| Receipt For:  |   |                                       | _      |                 |      |             |           |          |          |    |  |  |  |  |  |  |
| Primary General   | Aggregate   | Year-to-Date <b>V</b>                 |        |                 |      |             |           |          |          |    |  |  |  |  |  |  |
| Other (specify)   |   | 4038.51                               | 4      |                 |      |             |           |          |          |    |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>C. Deemer, Miriam, R, Mrs.,               | ddle Initial) or Full O   | ganization Name                       |        | Date o          | f R  | eceipt      |           |          |          |    |  |  |  |  |  |  |
| Mailing Address 285 Merriweather Rd   |   |                                       |        | <sup>M</sup> 10 | 1    | / D D<br>27 | / Y       |          | 23       | Y  |  |  |  |  |  |  |
| City  | State   | Zip Code                              |        | Trans           | sac  | tion ID :   | A2023-2   | 3538     | 369      |    |  |  |  |  |  |  |
| Grosse Pointe Farms   | MI  | 48236-3428                            |        | Amoun           | t o  | f Each R    | eceipt th | is P     | eriod    |    |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                            | С   |                                       |        | _:              |      | 9           | , j       | _        | 192.3    | 51 |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation                       |   | pation (for Individual)<br>President  |        | M               | lem  | io Item     |           |          |          |    |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                                    | Aggregate   | Year-to-Date ▼<br>4230.82             |        |                 |      |             |           |          |          |    |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optic   | onal)   |                                       |        |                 |      | , .         | ,         | _        | 576.9    | 3  |  |  |  |  |  |  |

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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|                              | EMIZED RECEIPTS  |             | for each category of the<br>Detailed Summary Page | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$                      |  |  |  |  |  |  |  |  |  |  |  |  |
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|                              | y information copied from such Reports and State<br>for commercial purposes, other than using the na                     |             |   | erson for the purpose of soliciting contributions                           |  |  |  |  |  |  |  |  |  |  |  |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PAC  |             |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Α.                           | Full Name of Individual (Last, First, Middle Initial)<br>Deemer, Miriam, R, Mrs.,<br>Mailing Address 285 Merriweather Rd | or Full Or  | ganization Name                                   | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |  |  |
|                              | City<br>Grosse Pointe Farms  | State<br>MI | Zip Code<br>48236-3428                            | Transaction ID : A2023-2465129 Amount of Each Receipt this Period           |  |  |  |  |  |  |  |  |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.   | С           |   | 192.31  |  |  |  |  |  |  |  |  |  |  |  |  |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation  |             | pation (for Individual)<br>President              | Memo Item   |  |  |  |  |  |  |  |  |  |  |  |  |
|                              | Receipt For:       A         Primary       General         Other (specify) ▼   | Aggregate N | /ear-to-Date ▼<br>4423.13                         |   |  |  |  |  |  |  |  |  |  |  |  |  |
|                              | Full Name of Individual (Last, First, Middle Initial)<br>Deemer, Miriam, R, Mrs.,  | or Full Or  | ganization Name                                   | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |  |  |
|                              | Mailing Address 285 Merriweather Rd  |             |   | 11 / D D / Y Y Y Y<br>2023  |  |  |  |  |  |  |  |  |  |  |  |  |
|                              | City<br>Grosse Pointe Farms  | State<br>MI | Zip Code<br>48236-3428                            | Transaction ID : A2023-2587536<br>Amount of Each Receipt this Period        |  |  |  |  |  |  |  |  |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.   | С           |   | 192.31<br>Memo Item   |  |  |  |  |  |  |  |  |  |  |  |  |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation  |             | pation (for Individual)<br>President              |   |  |  |  |  |  |  |  |  |  |  |  |  |
|                              | Receipt For:       A         Primary       General         Other (specify) ▼   | Aggregate N | /ear-to-Date ▼<br>4615.44                         |   |  |  |  |  |  |  |  |  |  |  |  |  |
| C.                           | Full Name of Individual (Last, First, Middle Initial) Deemer, Miriam, R, Mrs.,   | or Full Or  | ganization Name                                   | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |  |  |
|                              | Mailing Address 285 Merriweather Rd  |             |   | 12 08 2023  |  |  |  |  |  |  |  |  |  |  |  |  |
|                              | City<br>Grosse Pointe Farms  | State<br>MI | Zip Code<br>48236-3428                            | Transaction ID : A2023-2726371           Amount of Each Receipt this Period |  |  |  |  |  |  |  |  |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.   | С           |   | 192.31  |  |  |  |  |  |  |  |  |  |  |  |  |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:  | Vice I      | pation (for Individual)<br>President              | Memo Item   |  |  |  |  |  |  |  |  |  |  |  |  |
|                              | Primary General<br>Other (specify)   | Aggregate   | /ear-to-Date ▼<br>4807.75                         |   |  |  |  |  |  |  |  |  |  |  |  |  |
| s                            | UBTOTAL of Receipts This Page (optional)   |             |   | 576.93  |  |  |  |  |  |  |  |  |  |  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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|          |  |                     |              | for each category of the<br>Detailed Summary Page               |  |              |                 |               | 11<br>14 | 1b<br>4 |            | 11c<br>15           |             | 12<br>16        | 17    |  |  |  |
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| An<br>or | y information copied from such Reports and State<br>for commercial purposes, other than using the na | ements mainme and a | ay r<br>addr | not be sold or used by any pe<br>ess of any political committee | erson to so                                  | for<br>blici | the             | purp<br>ntrib | pos      | se of   | sc<br>fror | liciting            | cor<br>ו co | ntribu          | tions |  |  |  |
|          | NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PAC  |                     |              |   |  |              |                 |               |          |         |            |                     |             |                 |       |  |  |  |
| Α.       | Full Name of Individual (Last, First, Middle Initial)<br>Deemer, Miriam, R, Mrs.,                    | or Full C           | Drga         | nization Name   |  | Da           | te of           | Re            | ece      | eipt    |            |                     |             |                 |       |  |  |  |
|          | Mailing Address 285 Merriweather Rd  | State               |              | Zip Code  | 12 22 2023<br>Transaction ID : A2023-2802136 |              |                 |               |          |         |            |                     |             |                 |       |  |  |  |
|          | Grosse Pointe Farms  | MI                  |              | 48236-3428  |  |              |                 |               |          |         |            | 2023-2              |             |                 |       |  |  |  |
|          | FEC ID number of contributing federal political committee.   | C                   |              |   | 192.25                                       |              |                 |               |          |         |            |                     |             |                 |       |  |  |  |
|          | Name of Employer (for Individual)<br>Select Medical Corporation                                      |                     | •            | tion (for Individual)<br>esident                                |  |              | Me              | emo           | o It     | em      |            |                     |             |                 |       |  |  |  |
|          | Receipt For:       µ         Primary       General         Other (specify) ▼                         | Aggregate           | Yea          | ar-to-Date ▼<br>5000.00   |  |              |                 |               |          |         |            |                     |             |                 |       |  |  |  |
| в.       | Full Name of Individual (Last, First, Middle Initial)<br>Dehoff, James, L, Jr., Jr.                  | or Full C           | Drga         | nization Name   |  | Da           | te of           | Re            | ece      | eipt    |            |                     |             |                 |       |  |  |  |
|          | Mailing Address 1317 Abington Way  |                     |              |   |  |              | 07              | /             | l        | 07      |            | / Y                 |             | 23 <sup>°</sup> | Y     |  |  |  |
|          | City<br>Mechanicsburg  | State<br>PA         |              | Zip Code<br>17050   |  |              |                 |               |          |         |            | 2023-10<br>ceipt th |             |                 |       |  |  |  |
|          | FEC ID number of contributing federal political committee.   | С                   |              |   |  |              |                 | 192.31        |          |         |            |                     |             |                 |       |  |  |  |
|          | Name of Employer (for Individual)<br>Select Medical Corporation                                      | Occ<br>Ser          |              | Memo Item   |  |              |                 |               |          |         |            |                     |             |                 |       |  |  |  |
|          | Receipt For:       µ         Primary       General         Other (specify) ▼                         | Aggregate           | Yea          | ar-to-Date ▼<br>2692.34   |  |              |                 |               |          |         |            |                     |             |                 |       |  |  |  |
| c.       | Full Name of Individual (Last, First, Middle Initial)<br>Dehoff, James, L, Jr., Jr.                  | or Full C           | Drga         | nization Name   |  | Dat          | te of           | Re            | ece      | eipt    |            |                     |             |                 |       |  |  |  |
|          | Mailing Address 1317 Abington Way  | 1                   |              |   |  |              | 07 <sup>M</sup> | /             | l        | D 21    |            | / Y                 |             | 23              | Y     |  |  |  |
|          | City<br>Mechanicsburg  | State<br>PA         |              | Zip Code<br>17050   |  |              |                 |               | -        |         |            | 2023-1<br>ceipt th  |             |                 |       |  |  |  |
|          | FEC ID number of contributing federal political committee.   | С                   |              |   |  |              | ount            |               | ,        |         |            | , sopt un           |             | 192.            | 31    |  |  |  |
|          | Name of Employer (for Individual)<br>Select Medical Corporation                                      |                     | •            | tion (for Individual)<br>/ice President                         |  | Memo Item    |                 |               |          |         |            |                     |             |                 |       |  |  |  |
|          | Receipt For:   | Aggregate           | Yea          | ar-to-Date 🔻  |  |              |                 |               |          |         |            |                     |             |                 |       |  |  |  |
|          | Other (specify)  |                     | -            | 2884.65   |  |              |                 |               |          |         |            |                     |             |                 |       |  |  |  |
| s        | UBTOTAL of Receipts This Page (optional)   |                     |              | •••••   |  |              |                 |               | ,        |         | -          | ,                   |             | 576.            | 87    |  |  |  |
| т        | OTAL This Period (last page this line number only  | y)                  |              | •••••   |  |              |                 |               | ,        |         |            |                     |             |                 |       |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |  |
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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 sol or for commercial purposes, other than using the name and address of any political committee to solicit contributions from NAME OF COMMITTEE (in Full)         NAME OF COMMITTEE (in Full)       Select Medical Corporation PAC         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         A. Dehoff, James, L, Jr., Jr.       Mailing Address 1317 Abington Way       Date of Receipt         City       State       Zip Code         Mechanicsburg       PA       17050         FEC ID number of contributing federal political compristee.       Aggregate Year-to-Date ▼       Amount of Each Receipt         Mailing Address 1317 Abington Way       Senior Vice President       Memo Item         B. Dehoff, James, L, Jr., Jr.       Aggregate Year-to-Date ▼       Image: Comparison Name         B. Dehoff, James, L, Jr., Jr.       Mailing Address 1317 Abington Way       Transaction ID : A2         City       State       Zip Code       Transaction ID : A2         Mechanicsburg       C       Memo Item       Image: Comparison Name         B. Dehoff, James, L, Jr., Jr.       Aggregate Year-to-Date ▼       Image: Comparison Name       Image: Comparison Name         B. Dehoff, James, L, Jr., Jr.       Aggregate Year-to-Date ▼       Image: Comparison Name       Im  | 1 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         Mechanicsburg         FEC ID number of contributing tederal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼         B. Dehoff, James, L, Jr., Jr.         Mailing Address 1317 Abington Way         City         Merchanicsburg         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         B. Dehoff, James, L, Jr., Jr.         Mailing Address 1317 Abington Way         City         Merchanicsburg         PA         Individual Committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼         Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼         Aggregate Year-to-Date ▼   | 2023<br>2023-1679289               |  |  |  |  |  |  |  |  |  |  |
| Select Medical Corporation PAC         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         A. Deholf, James, L, Jr., Jr.         Mailing Address 1317 Abington Way         City         Mechanicsburg         PA         T050         FEC ID number of contributing<br>federal political committee.         Name of Employer (for Individual)<br>Select Medical Corporation         Select Medical Corporation         Receipt For:         Primary       General         Other (specify)         B. Dehoff, James, L, Jr., Jr.         Mailing Address 1317 Abington Way         City         Matter of Individual         Select Medical corporation         Receipt For:         Primary       General         Other (specify) ▼         Aggregate Year-to-Date ▼         Matter of Individual         Select Medical corporation         Receipt For:         Primary       General         Other (specify) ▼         City <t< td=""><td>2023<br/>023-1679289</td></t<>  | 2023<br>023-1679289                |  |  |  |  |  |  |  |  |  |  |
| A.       Deholf, James, L, Jr., Jr.       Date of Receipt         Mailing Address 1317 Abington Way       City       State       Zip Code         Mechanicsburg       PA       17050       Transaction ID : A2         Mechanicsburg       C       Amount of Each Receipt       Amount of Each Receipt         Receipt For:       C       Corporation       Senior Vice President         Receipt For:       Other (specify) ▼       3076.96       Memo Item         B.       Dehoff, James, L, Jr., Jr.       Mailing Address 1317 Abington Way       Date of Receipt         City       General       3076.96       Date of Receipt         Mailing Address 1317 Abington Way       State       Zip Code       Transaction ID : A2         Mailing Address 1317 Abington Way       City       State       Zip Code       Transaction ID : A2         Mechanicsburg       PA       17050       Transaction ID : A2       Amount of Each Receipt         City       State       Zip Code       Transaction ID : A2       Amount of Each Receipt         Mechanicsburg       PA       17050       Memo Item       Memo Item         Select Medical Corporation       Senior Vice President       Memo Item       Memo Item         Select Medical Corporation       Receipt Y  | 2023<br>023-1679289                |  |  |  |  |  |  |  |  |  |  |
| City       State       Zip Code         Mechanicsburg       PA       17050         FEC ID number of contributing       C       Amount of Each Rece         federal political committee.       C       Memo Item         Name of Employer (for Individual)       Senior Vice President       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         B. Dehoff, James, L, Jr., Jr.       State       Zip Code         Mailing Address 1317 Abington Way       C       Memo Item         City       State       Zip Code         Mechanicsburg       PA       17050         FEC ID number of contributing federal political committee.       C       Memo Item         Name of Employer (for Individual)       Occupation (for Individual)       Senior Vice President         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         Memo Item       3269,27       Memo Item         Ctoperation       General       3269,27       Date of Receipt         Mailing Address 1317 Abington Way       City       State       Zip Code       Memo Item         Primary       General       Other (specify) ▼ <t< td=""><td>2023<br/>023-1679289</td></t<>   | 2023<br>023-1679289                |  |  |  |  |  |  |  |  |  |  |
| Mechanicsburg       PA       17050         FEC ID number of contributing<br>federal political committee.       C       Amount of Each Recc<br>Mamount of Each Recc<br>Select Medical Corporation         Select Medical Corporation       Senior Vice President       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         Dehoff, James, L, Jr., Jr.       Mailing Address 1317 Abington Way       Date of Receipt         City<br>Mechanicsburg       State       Zip Code         FEC ID number of contributing<br>federal political committee.       C       Memo Item         Name of Employer (for Individual)<br>Select Medical Corporation       State       Zip Code         FEC ID number of contributing<br>federal political committee.       C       Memo Item         Name of Employer (for Individual)<br>Select Medical Corporation       Senior Vice President       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         Primary       General<br>Other (specify) ▼       Occupation (for Individual)<br>Select Medical Corporation       Aggregate Year-to-Date ▼       Date of Receipt         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       Memo Item         City       Mailing Address 1317 Abington Way       Other (specify) ▼       Date of Receipt         Mailing Address 1317 Abington Way </td <td></td>  |                                    |  |  |  |  |  |  |  |  |  |  |
| federal political committee.       Image: Committee.       Image: Committee.       Image: Committee.         Name of Employer (for Individual)<br>Select Medical Corporation       Senior Vice President       Image: Committee.  |                                    |  |  |  |  |  |  |  |  |  |  |
| Select Medical Corporation       Senior Vice President         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       3076.96         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         B. Dehoff, James, L, Jr., Jr.       Date of Receipt         Mailing Address 1317 Abington Way       17050         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual) Select Medical Corporation       Senior Vice President         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name of Individual)       Occupation (for Individual)         Select Medical Corporation       Senior Vice President         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Mailing Address 1317 Abington Way       09         City       State       Zip Code         Mailing Address 1317 Abington Way       PA       Zip Code   | 192.31                             |  |  |  |  |  |  |  |  |  |  |
| Primary       General         Other (specify) ▼       3076.96         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         B. Dehoff, James, L, Jr., Jr.       Mailing Address 1317 Abington Way       Date of Receipt         City       State       Zip Code         Mechanicsburg       PA       17050         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Select Medical Corporation       Senior Vice President         Receipt For:       Primary       General       Other (specify) ▼         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Memo Item         C.       Dehoff, James, L, Jr., Jr.       Date of Receipt         Mailing Address 1317 Abington Way       Other (specify) ▼       Date of Receipt         City       State       Zip Code       Date of Receipt         Mailing Address 1317 Abington Way       Other (specify) ▼       Date of Receipt         Mailing Address 1317 Abington Way       State       Zip Code       Date of Receipt         Mailing Address 1317 Abington Way       State       Zip Code       Transaction ID : A2   |                                    |  |  |  |  |  |  |  |  |  |  |
| B. Dehoff, James, L, Jr., Jr.       Date of Receipt         Mailing Address 1317 Abington Way       State       Zip Code         City       State       Zip Code         Mechanicsburg       PA       17050         FEC ID number of contributing<br>federal political committee.       C       Amount of Each Receipt         Name of Employer (for Individual)<br>Select Medical Corporation       Occupation (for Individual)<br>Senior Vice President       Memo Item         Primary       General       Aggregate Year-to-Date ▼       Memo Item         Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         City       State       Zip Code       Date of Receipt         Mailing Address 1317 Abington Way       State       Zip Code       Date of Receipt         City       State       Zip Code       Memo Item       Date of Receipt         Mailing Address 1317 Abington Way       BA       Zip Code       Transaction ID : A2  |                                    |  |  |  |  |  |  |  |  |  |  |
| City       State       Zip Code       Transaction ID : A2t         Mechanicsburg       PA       17050       Amount of Each Rece         FEC ID number of contributing       C       Mechanicsburg       Amount of Each Rece         FEC ID number of contributing       C       Mechanicsburg       Mechanicsburg         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Select Medical Corporation       Senior Vice President       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         Other (specify) ▼       3269,27       Date of Receipt         C.       Dehoff, James, L, Jr., Jr.       Date of Receipt         Mailing Address 1317 Abington Way       O1       Transaction ID : A2         City       State       Zip Code       Transaction ID : A2   |                                    |  |  |  |  |  |  |  |  |  |  |
| Mechanicsburg       PA       17050         Mechanicsburg       PA       17050         FEC ID number of contributing<br>federal political committee.       C       Amount of Each Receint<br>C         Name of Employer (for Individual)<br>Select Medical Corporation       Occupation (for Individual)<br>Senior Vice President       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       3269,27       Memo Item         Other (specify) ▼       3269,27       Date of Receipt         C.       Dehoff, James, L, Jr., Jr.       Date of Receipt         Mailing Address 1317 Abington Way       State       Zip Code         Makeperinghuma       PA       17050   | 08 / D D / Y Y Y Y Y<br>2023       |  |  |  |  |  |  |  |  |  |  |
| federal political committee.       Image: Committee committee.       Image: Committee |                                    |  |  |  |  |  |  |  |  |  |  |
| Select Medical Corporation       Senior Vice President         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       3269.27         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C.       Dehoff, James, L, Jr., Jr.       Date of Receipt         Mailing Address 1317 Abington Way       State       Zip Code         Transaction ID : A2       Date of Receipt   | 192.31                             |  |  |  |  |  |  |  |  |  |  |
| Primary       General         Other (specify)       ✓         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Dehoff, James, L, Jr., Jr.       Mailing Address 1317 Abington Way       Date of Receipt         City       State       Zip Code       Transaction ID : A2  | Memo Item                          |  |  |  |  |  |  |  |  |  |  |
| C. Dehoff, James, L, Jr., Jr. Date of Receipt          Mailing Address       1317 Abington Way         City       State       Zip Code         Machanischurge       PA       17050  |                                    |  |  |  |  |  |  |  |  |  |  |
| City State Zip Code Transaction ID : A2   |                                    |  |  |  |  |  |  |  |  |  |  |
|   | M = M / D = D / Y = Y = Y = Y      |  |  |  |  |  |  |  |  |  |  |
|   |                                    |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | Amount of Each Receipt this Period |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)     Occupation (for Individual)       Select Medical Corporation     Senior Vice President  |                                    |  |  |  |  |  |  |  |  |  |  |
| Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       3461.58   |                                    |  |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   | 576.93                             |  |  |  |  |  |  |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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|                              | EMIZED RECEIPIS   |                         | for each category of the<br>Detailed Summary Page |  | 11a   | ۱                  |    | 11<br>14 | - F   |           | 11c<br>15 |                    | 12<br>16 | 17               | ,     |   |  |  |  |
|------------------------------|---|-------------------------|---|--|---|--------------------|----|----------|---|-----------|-----------|--------------------|----------|------------------|-------|---|--|--|--|
|                              | y information copied from such Reports and State<br>for commercial purposes, other than using the nar   |                         |   |  |   | or th              |    |          | 005   | se of     |           | liciting           |          | ntribu           | tions | _ |  |  |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PAC   |                         |   |  |   |                    |    |          |   |           |           |                    |          |                  |       |   |  |  |  |
| Α.                           | Full Name of Individual (Last, First, Middle Initial)<br>Dehoff, James, L, Jr., Jr.<br>Mailing Address 1317 Abington Way                                  | or Full O               | Drgai   | nization Name  | Date of Receipt<br>09 / 15 / 2023<br>Transaction ID : A2023-2036958 |                    |    |          |   |           |           |                    |          |                  |       |   |  |  |  |
|                              | City<br>Mechanicsburg   | State<br>PA             |   | Zip Code<br>17050  |   |                    |    |          |   |           |           | 2023-2<br>ceipt th |          |                  |       |   |  |  |  |
|                              | FEC ID number of contributing federal political committee.  | C                       |   |  | 192.31  |                    |    |          |   |           |           |                    |          |                  |       |   |  |  |  |
|                              | Name of Employer (for Individual)         Select Medical Corporation         Receipt For:       A         Primary       General         Other (specify) ▼ | Sen                     | nior \  | tion (for Individual)<br>Vice President<br>ar-to-Date ▼<br>3653.89 |   |                    | Me | mo       | ) Ite   | эm        |           |                    |          |                  |       |   |  |  |  |
| В.                           | Full Name of Individual (Last, First, Middle Initial)<br>Dehoff, James, L, Jr., Jr.<br>Mailing Address 1317 Abington Way                                  | or Full O               | Drgai   | nization Name  |   | Date               | M  | Re<br>/  | _   | ipt<br>29 |           | / Y                |          | Y<br>123         | Y     |   |  |  |  |
|                              | City<br>Mechanicsburg   | StateZip CodePA17050    |   |  |   |                    |    |          | Transaction ID : A2023-2130223           Amount of Each Receipt this Period |           |           |                    |          |                  |       |   |  |  |  |
|                              | FEC ID number of contributing federal political committee.  | C                       |   | 192.31   |   |                    |    |          |   |           |           |                    |          |                  |       |   |  |  |  |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation   |                         | •   | tion (for Individual)<br>Vice President                            |   | Memo Item          |    |          |   |           |           |                    |          |                  |       |   |  |  |  |
|                              | Receipt For:       A         Primary       General         Other (specify) ▼  | ggregate                | Yea   | ar-to-Date ▼<br>, 3846.20  |   |                    |    |          |   |           |           |                    |          |                  |       |   |  |  |  |
| c.                           | Full Name of Individual (Last, First, Middle Initial)<br>Dehoff, James, L, Jr., Jr.   | or Full O               | Orgai   | nization Name  |   | Date               | of | Re       | cei   | ipt       |           |                    |          |                  |       |   |  |  |  |
|                              | Mailing Address 1317 Abington Way   |                         |   |  |   | <sup>™</sup><br>1( | C  | /        | L   | 13        | 3         | / Y                | 20       | )23 <sup>°</sup> | Y     |   |  |  |  |
|                              | City<br>Mechanicsburg   | State<br>PA             |   | Zip Code<br>17050  |   |                    |    |          |   |           |           | 2023-2<br>ceipt th |          |                  |       |   |  |  |  |
|                              | FEC ID number of contributing federal political committee.  | C                       |   |  |   |                    |    |          | <b>y</b>  | _         | _         | g                  | _        | 192.             | 31    |   |  |  |  |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:   | Sen                     | ior \   | tion (for Individual)<br>/ice President                            | Memo Item   |                    |    |          |   |           |           |                    |          |                  |       |   |  |  |  |
|                              | Primary General<br>Other (specify)  | ar-to-Date ▼<br>4038.51 |   |  |   |                    |    |          |   |           |           |                    |          |                  |       |   |  |  |  |
| s                            | UBTOTAL of Receipts This Page (optional)  |                         |   | ····· •  |   |                    |    |          | ,   | -         |           | ,                  | Ξ        | 576.             | 93    |   |  |  |  |
| т                            | OTAL This Period (last page this line number only   | )                       |   |  |   |                    |    |          | ,   |           |           | Ţ                  |          |                  |       |   |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED RECEIPTS |  |  |               | or each category of the<br>Detailed Summary Page               |   | X 11a 11b 11c |                 |               |                  |                |                   |               | 12               |             |    |  |
|-------------------|--|--|---------------|--|---|---------------|-----------------|---------------|------------------|----------------|-------------------|---------------|------------------|-------------|----|--|
|                   |  |  |               |  |   | 1             | 3               |               | 14               |                | 15                |               | 16               |             | 17 |  |
| Any<br>or fo      | information copied from such Reports and Stat<br>r commercial purposes, other than using the n | tements ma<br>ame and a                | ay n<br>addre | ot be sold or used by any pe<br>ess of any political committee | erson<br>e to so  | for<br>olici  | the<br>t cor    | pur <br>ntrib | oose c<br>utions | of sol<br>from | iciting<br>1 sucł | l cor<br>l co | ntribut<br>mmitt | ions<br>ee. |    |  |
| ∖ N               | AME OF COMMITTEE (In Full)   |  |               |  |   |               |                 |               |                  |                |                   |               |                  |             |    |  |
| <u>}</u>          | Select Medical Corporation PAC   |  |               |  |   |               |                 |               |                  |                |                   |               |                  |             |    |  |
| A                 | ull Name of Individual (Last, First, Middle Initial<br>Dehoff, James, L, Jr., Jr.              | l) or Full C                           | Orgai         | nization Name  | Date of Receipt<br>10 27 2023<br>Transaction ID : A2023-2353830 |               |                 |               |                  |                |                   |               |                  |             |    |  |
|                   | lailing Address 1317 Abington Way  | State                                  |               | Zip Code   |   |               |                 |               |                  |                |                   |               |                  |             |    |  |
|                   | Aechanicsburg  | PA                                     |               | 17050  |   |               |                 |               |                  |                |                   |               |                  |             |    |  |
| F                 | EC ID number of contributing deral political committee.  | С                                      |               |  | Amount of Each Receipt this Period                              |               |                 |               |                  |                |                   |               |                  |             |    |  |
| S                 | ame of Employer (for Individual)<br>elect Medical Corporation                                  |  | •             | ion (for Individual)<br>/ice President                         | Memo Item   |               |                 |               |                  |                |                   |               |                  |             |    |  |
| R                 | eceipt For:<br>Primary General<br>Other (specify) ▼  |  |               |  |   |               |                 |               |                  |                |                   |               |                  |             |    |  |
|                   | ull Name of Individual (Last, First, Middle Initial<br>Dehoff, James, L, Jr., Jr.              | l) or Full C                           | Orgai         | nization Name  |   | Dat           | te of           | Re            | ceipt            |                |                   |               |                  |             |    |  |
| M                 | ailing Address 1317 Abington Way   |  | 11 10 2023    |  |   |               |                 |               |                  |                |                   |               |                  |             |    |  |
|                   | ity  |  | Tr            | ans  | acti  | on ID         | : A20           | )23-2         | <b>465</b> 1     | 150            |                   |               |                  |             |    |  |
| N                 | lechanicsburg  | PA 17050 Amount of Each Re             |               |  |   |               |                 |               |                  |                |                   |               | eriod            |             |    |  |
|                   | EC ID number of contributing<br>deral political committee.                                     |  |               |  | _   |               | -               |               | -                | _              | 192.3             | 31            |                  |             |    |  |
| S                 | ame of Employer (for Individual)<br>elect Medical Corporation                                  |  | •             | tion (for Individual)<br>Vice President                        |   |               | M               | emc           | Item             |                |                   |               |                  |             |    |  |
| R                 | eceipt For:<br>Primary General<br>Other (specify)  | Aggregate                              | Yea           | r-to-Date ▼<br>4423.13   |   |               |                 |               |                  |                |                   |               |                  |             |    |  |
|                   | ull Name of Individual (Last, First, Middle Initial Dehoff, James, L, Jr., Jr.                 | l) or Full C                           | Orgai         | nization Name  |   | Dat           | te of           | Re            | ceipt            |                |                   |               |                  |             |    |  |
| M                 | ailing Address 1317 Abington Way   |  |               |  |   |               | 11 <sup>™</sup> | 1             | D<br>24          |                | / Y               |               | )23 <sup>°</sup> | Y           |    |  |
|                   | ity  | State<br>PA                            |               | Zip Code   |   | Т             | rans            | act           | ion ID           | : A2           | 023-2             | 587           | 557              | _           |    |  |
|                   | Aechanicsburg  |  |               | 17050  |   | Am            | ount            | t of          | Each             | Rece           | ipt th            | is P          | eriod            |             |    |  |
|                   | EC ID number of contributing<br>deral political committee.                                     | С                                      |               |  | 192.31  |               |                 |               |                  |                |                   |               |                  |             |    |  |
| S                 | ame of Employer (for Individual)<br>elect Medical Corporation                                  | ion (for Individual)<br>/ice President |               | Memo Item  |   |               |                 |               |                  |                |                   |               |                  |             |    |  |
| R                 | eceipt For:<br>Primary General<br>Other (specify)  |  |               |  |   |               |                 |               |                  |                |                   |               |                  |             |    |  |
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| SCHEDULE A   | (FEC Form 3X) |
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|               |   |  |               | Detailed Summary Page  |                                   | 13                            |               | 14                | 15           |              | 16      | 1           | 7 |  |  |  |
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|               | NAME OF COMMITTEE (In Full)   |  |               |  |                                   |                               |               |                   |              |              |         |             |   |  |  |  |
| $\Big\rangle$ | Select Medical Corporation PAC  |  |               |  |                                   |                               |               |                   |              |              |         |             |   |  |  |  |
| Α.            | Full Name of Individual (Last, First, Middle Initia<br>Dehoff, James, L, Jr., Jr.                 | al) or Full O                              | rgai          | nization Name  | Date of Receipt                   |                               |               |                   |              |              |         |             |   |  |  |  |
|               | Mailing Address 1317 Abington Way   |  |               |  | 12 08 2023                        |                               |               |                   |              |              |         |             |   |  |  |  |
|               | City  | State                                      |               | Zip Code   | Transaction ID : A2023-2726332    |                               |               |                   |              |              |         |             |   |  |  |  |
|               | Mechanicsburg   | PA   |               | 17050  |                                   | Amour                         | nt of         | Each              | Receipt tl   | nis F        | 'eriod  |             |   |  |  |  |
|               | FEC ID number of contributing federal political committee.  | С  |               |  | 192.31                            |                               |               |                   |              |              |         |             |   |  |  |  |
|               | Name of Employer (for Individual)<br>Select Medical Corporation                                   |  | •             | tion (for Individual)<br>Vice President                        |                                   | N                             | lemo          | o Item            |              |              |         |             |   |  |  |  |
|               | Receipt For:  | Aggregate                                  | Yea           | ar-to-Date 🔻   |                                   |                               |               |                   |              |              |         |             |   |  |  |  |
|               | Primary General<br>Other (specify) ▼  |  | -             | 4807.75  |                                   |                               |               |                   |              |              |         |             |   |  |  |  |
|               | Full Name of Individual (Last, First, Middle Initia<br>Dehoff, James, L, Jr., Jr.                 | al) or Full O                              | Irgai         | nization Name  |                                   | Date c                        | of Re         | eceipt            |              |              |         |             |   |  |  |  |
|               | Mailing Address 1317 Abington Way   |  |               |  | M M / D D / Y Y Y Y<br>12 22 2023 |                               |               |                   |              |              |         |             |   |  |  |  |
|               | City  | Zip Code                                   |               | Trans  | sact                              | ion ID                        | : A2023-2     | 2802              | 097          |              |         |             |   |  |  |  |
|               | Mechanicsburg   | PA   |               | 17050  |                                   | Amour                         | nt of         | Each              | Receipt tl   | nis F        | 'eriod  |             |   |  |  |  |
|               | FEC ID number of contributing federal political committee.  |  |               |  |                                   |                               |               | _                 | 192.2        | 25           | ]       |             |   |  |  |  |
|               | Name of Employer (for Individual)<br>Select Medical Corporation                                   |  | •             | tion (for Individual)<br>Vice President                        |                                   | N                             | lemo          | o Item            |              |              |         |             |   |  |  |  |
|               | Receipt For:<br>Primary General<br>Other (specify) ▼  |  |               |  |                                   |                               |               |                   |              |              |         |             |   |  |  |  |
| <u> </u>      | Full Name of Individual (Last, First, Middle Initia<br>Dishner, Kerry, R, ,                       | al) or Full O                              | rga           | nization Name  |                                   | Date c                        | of Re         | eceipt            |              |              |         |             |   |  |  |  |
|               | Mailing Address 202 Downing PI<br>Suite 1050  |  |               |  |                                   | Date of Receipt<br>07 07 2023 |               |                   |              |              |         |             |   |  |  |  |
|               | City  | State                                      |               | Zip Code   |                                   | Tran                          | sact          | ion ID            | : A2023-′    | 1633         | 274     |             |   |  |  |  |
|               | Mechanicsburg   | PA   |               | 17050-6881   |                                   | Amour                         | nt of         | Each              | Receipt tl   | nis F        | 'eriod  |             |   |  |  |  |
|               | FEC ID number of contributing federal political committee.  | С  | _             |  |                                   |                               |               | ,                 | . ,          |              | 192.3   | 31          | ] |  |  |  |
|               | Name of Employer (for Individual)   | or Individual) Occupation (for Individual) |               |  |                                   |                               |               |                   |              |              |         |             |   |  |  |  |
|               | Select Medical Corporation  | Vice                                       | esident       |  |                                   |                               |               |                   |              |              |         |             |   |  |  |  |
|               | Receipt For:  | Aggregate Year-to-Date ▼                   |               |  |                                   |                               |               |                   |              |              |         |             |   |  |  |  |
|               | Other (specify)   |  |               |  |                                   |                               |               |                   |              |              |         |             |   |  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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|            | EMIZED RECEIPTS  |              | for each category of the<br>Detailed Summary Page |                               |   |           |       | 111   | b       | 11c                |      | 12             | <u> </u>     |  |  |  |  |
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|            | NAME OF COMMITTEE (In Full)  |              | uure  |                               | 10 30   |           |       | Julio | 115 110 | JIII Suci          |      |                | <del>.</del> |  |  |  |  |
| $\rangle$  | Select Medical Corporation PAC   |              |   |                               |   |           |       |       |         |                    |      |                |              |  |  |  |  |
| Α.         | Full Name of Individual (Last, First, Middle Initial<br>Dishner, Kerry, R, ,<br>Mailing Address 202 Downing Pl<br>Suite 1050 | ) or Full Or | rgan  | ization Name                  | Date of Receipt   |           |       |       |         |                    |      |                |              |  |  |  |  |
|            | City   | State        |   | Zip Code                      |   | Tran      | sact  | ion   | ID : A  | 2023-1             | 1.00 | 1              |              |  |  |  |  |
|            | Mechanicsburg  | PA           |   | 17050-6881                    |   | Amour     | nt of | Eac   | ch Re   | ceipt th           | is P | eriod          |              |  |  |  |  |
|            | FEC ID number of contributing federal political committee.   | С            |   |                               | 192.31  |           |       |       |         |                    |      |                |              |  |  |  |  |
|            | Name of Employer (for Individual)<br>Select Medical Corporation  |              | •   | on (for Individual)<br>sident | Memo Item   |           |       |       |         |                    |      |                |              |  |  |  |  |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate    |   |                               |   |           |       |       |         |                    |      |                |              |  |  |  |  |
| В.         | Full Name of Individual (Last, First, Middle Initial<br>Dishner, Kerry, R, ,   | ization Name |   | Date o                        | of Re   | eceip     | pt    |       |         |                    |      |                |              |  |  |  |  |
|            | Mailing Address 202 Downing Pl<br>Suite 1050   |              |   |                               | M         M         /         D         D         /         Y |           |       |       |         |                    |      |                |              |  |  |  |  |
|            | City<br>Mechanicsburg  | State<br>PA  |   | Zip Code<br>17050-6881        |   |           |       |       |         | 2023-1<br>ceipt th |      |                |              |  |  |  |  |
|            | FEC ID number of contributing federal political committee.   |              |   | <u> </u>                      |   | -         |       |       | _       | 192.3              | 1    |                |              |  |  |  |  |
|            | Name of Employer (for Individual)<br>Select Medical Corporation  |              | on (for Individual)<br>sident                     |                               | Memo Item   |           |       |       |         |                    |      |                |              |  |  |  |  |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate    | Year  | -to-Date ▼<br>3076.96         |   |           |       |       |         |                    |      |                |              |  |  |  |  |
| <u></u> с. | Full Name of Individual (Last, First, Middle Initial Dishner, Kerry, R, ,  | ) or Full Or | rgan  | ization Name                  |   | Date o    | of Re | eceip | pt      |                    |      |                |              |  |  |  |  |
|            | Mailing Address 202 Downing Pl<br>Suite 1050   | 1            |   |                               |   | M 08      | /     | D     | 18      | / Y                |      | )23            | Ŷ            |  |  |  |  |
|            | City<br>Mechanicsburg  | State<br>PA  |   | Zip Code<br>17050-6881        |   |           |       |       |         | 2023-1             |      |                |              |  |  |  |  |
|            | FEC ID number of contributing federal political committee.   | C            |   |                               |   | Amour     | it of | Eac   | ch Re   | ceipt th           | is P | eriod<br>192.3 | 1            |  |  |  |  |
|            | Name of Employer (for Individual)<br>Select Medical Corporation  |              | •   | on (for Individual)<br>sident |   | Memo Item |       |       |         |                    |      |                |              |  |  |  |  |
|            | Receipt For:<br>Primary General<br>Other (specify)   |              |   |                               |   |           |       |       |         |                    |      |                |              |  |  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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|                                     | NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PAC   |                                  |  |  |  |  |  |  |  |  |  |  |  |
| <b>A</b> .<br>T<br>T<br>T<br>T<br>T | Full Name of Individual (Last, First, Middle Initial Dishner, Kerry, R, ,         Mailing Address 202 Downing Pl         Suite 1050         City         Mechanicsburg         EC ID number of contributing ederal political committee.         Jame of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ | State<br>PA<br>C                 | Zip Code<br>17050-6881<br>cupation (for Individual)<br>e President<br>Year-to-Date ▼<br>3461.58                          | Date of Receipt  |  |  |  |  |  |  |  |  |  |
| B                                   | Full Name of Individual (Last, First, Middle Initial Dishner, Kerry, R, ,         Mailing Address 202 Downing Pl         Suite 1050         Dity         Mechanicsburg         EC ID number of contributing ederal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ | State<br>PA<br>C                 | Drganization Name<br>Zip Code<br>17050-6881<br>cupation (for Individual)<br>e President<br>Year-to-Date ▼<br>3653.89     | Date of Receipt  |  |  |  |  |  |  |  |  |  |
| C                                   | Full Name of Individual (Last, First, Middle Initial Dishner, Kerry, R, ,         Mailing Address 202 Downing Pl         Suite 1050         Dity         Mechanicsburg         EC ID number of contributing ederal political committee.         Jame of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify)   | State<br>PA<br>C<br>Occu<br>Vice | Zip Code         17050-6881         cupation (for Individual)         e President         Year-to-Date ▼         3846.20 | Date of Receipt<br>09 29 2023<br>Transaction ID : A2023-2130260<br>Amount of Each Receipt this Period<br>192.31<br>Memo Item |  |  |  |  |  |  |  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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| $\overline{)}$ | NAME OF COMMITTEE (In Full)  |             |  |         |   |                 |     |          |                       |                |      |    |
| /              | Select Medical Corporation PAC   |             |  |         |   |                 |     |          |                       |                |      |    |
| Α.             | Full Name of Individual (Last, First, Middle Initial)<br>Dishner, Kerry, R, ,                        | ) or Full O | rganization Name                         |         | D | ate of          | Red |          |                       |                |      | _  |
|                | Mailing Address 202 Downing Pl<br>Suite 1050   | State       | Zip Code                                 |         |   | 10<br>Trans     | /   | 13       | A2023-2               | 2023<br>294522 |      |    |
|                | Mechanicsburg  | PA          | 17050-6881                               |         |   |                 |     |          | eceipt th             |                |      |    |
|                | FEC ID number of contributing federal political committee.   | С           |  |         |   |                 |     | y 1      | -                     | 19             | 2.31 |    |
|                | Name of Employer (for Individual)<br>Select Medical Corporation                                      |             | upation (for Individual)<br>President    |         |   | Me              | emo | Item     |                       |                |      |    |
|                | Receipt For:       //         Primary       General         Other (specify) ▼                        | Aggregate   | Year-to-Date ▼<br>40:                    | 38.51   |   |                 |     |          |                       |                |      |    |
| в.             | Full Name of Individual (Last, First, Middle Initial)<br>Dishner, Kerry, R, ,                        | ) or Full O | rganization Name                         |         | D | ate of          | Red | ceipt    |                       |                |      |    |
|                | Mailing Address 202 Downing Pl<br>Suite 1050   |             |  |         |   | <sup>M</sup> 10 | /   | D D D 27 | / Y                   | 2023           | Y    |    |
|                | City<br>Mechanicsburg  | State<br>PA | Zip Code<br>17050-6881                   |         |   |                 |     |          | A2023-2:<br>eceipt th |                |      |    |
|                | FEC ID number of contributing federal political committee.   | С           |  |         |   | _               |     | ,        |                       | 19             | 2.31 |    |
|                | Name of Employer (for Individual)<br>Select Medical Corporation                                      |             | upation (for Individual)<br>President    |         |   | Me              | emo | Item     |                       |                |      |    |
|                | Receipt For:       //         Primary       General         Other (specify) ▼                        | Aggregate   | Year-to-Date ▼<br>42                     | 30.82   | - |                 |     |          |                       |                |      |    |
| с.             | Full Name of Individual (Last, First, Middle Initial)<br>Dishner, Kerry, R, ,                        | ) or Full O | rganization Name                         |         | D | ate of          | Red | ceipt    |                       |                |      |    |
|                | Mailing Address 202 Downing Pl<br>Suite 1050   |             |  |         |   | <sup>M</sup> 11 | /   | D D D 10 | / Y                   | 2023           | Y    |    |
|                | City<br>Mechanicsburg  | State<br>PA | Zip Code<br>17050-6881                   |         |   |                 |     |          | A2023-2               |                |      | _  |
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|                | Name of Employer (for Individual)<br>Select Medical Corporation                                      |             | upation (for Individual)<br>President    |         |   | Me              | emo | ltem     |                       |                |      |    |
|                |  | Aggregate   | Year-to-Date 🔻                           |         | 1 |                 |     |          |                       |                |      |    |
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| SCHEDULE A   | (FEC Form 3X) |
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| $\overline{)}$ | NAME OF COMMITTEE (In Full)   |                     |      |  |          |        |              |     |        |      |                      |   |                  |      |    |
| /              | Select Medical Corporation PAC  |                     |      |  |          |        |              |     |        |      |                      |   |                  |      |    |
| Α.             | Full Name of Individual (Last, First, Middle Initial) Dishner, Kerry, R, , Mailing Address 202 Downing Pl Suite 1050 City | or Full Or<br>State | rgar | nization Name<br>Zip Code                        |          | Date   | <sup>™</sup> | /   |        | 24   | L                    | 2 | 023              | Y    |    |
|                | Mechanicsburg   | PA                  |      | 17050-6881                                       |          |        |              |     |        |      | A2023-2<br>eceipt th |   |                  |      |    |
|                | FEC ID number of contributing federal political committee.  | С                   |      |  |          |        |              |     | -<br>- |      |                      | _ | 192.3            | 31   |    |
|                | Name of Employer (for Individual)<br>Select Medical Corporation   |                     | •    | ion (for Individual)<br>esident                  |          |        | Me           | emo | ) Ite  | əm   |                      |   |                  |      |    |
|                | Receipt For:       µ         Primary       General         Other (specify) ▼  | Aggregate           | Yea  | r-to-Date ▼<br>4615.44                           |          |        |              |     |        |      |                      |   |                  |      |    |
| B.             | Full Name of Individual (Last, First, Middle Initial)<br>Dishner, Kerry, R, ,   | or Full Or          | rgar | nization Name                                    |          | Date   | of           | Re  | eceij  | pt   |                      |   |                  |      |    |
|                | Mailing Address 202 Downing PI<br>Suite 1050  |                     |      |  |          | M<br>1 |              | /   |        | 08   | / Y                  |   | 023              | Y    |    |
|                | City<br>Mechanicsburg   | State<br>PA         |      | Zip Code<br>17050-6881                           |          |        |              |     |        |      | A2023-2<br>eceipt th |   |                  |      |    |
|                | FEC ID number of contributing federal political committee.  | С                   |      |  |          | Ē      |              | _   | -<br>- |      |                      | - | 192.3            | 31   |    |
|                | Name of Employer (for Individual)<br>Select Medical Corporation   |                     | •    | ion (for Individual)<br>esident                  |          | Ц      | Me           | emo | ) Ite  | em   |                      |   |                  |      |    |
|                | Receipt For:     A       Primary     General       Other (specify) ▼  | Aggregate           | Yea  | r-to-Date ▼<br>4807.75                           |          |        |              |     |        |      |                      |   |                  |      |    |
| с.             | Full Name of Individual (Last, First, Middle Initial)<br>Dishner, Kerry, R, ,   | or Full Or          | rgai | nization Name                                    |          | Date   | of           | Re  | ecei   | pt   |                      |   |                  |      |    |
|                | Mailing Address 202 Downing Pl<br>Suite 1050  |                     |      |  |          | M<br>1 |              | 1   |        | 22   | / Y                  |   | 023 <sup>°</sup> | Y    |    |
|                | City<br>Mechanicsburg   | State<br>PA         |      | Zip Code<br>17050-6881                           |          |        |              |     |        |      | A2023-2              |   |                  |      |    |
|                | FEC ID number of contributing   | С                   |      |  |          |        |              |     | ,      |      |                      |   | 192.2            | 25   |    |
|                | Name of Employer (for Individual)<br>Select Medical Corporation   |                     | •    | ion (for Individual)<br>sident                   |          |        | Me           | emc | o Ite  | əm   |                      |   |                  |      |    |
|                | Receipt For:     A       Primary     General       Other (specify)  | Aggregate           | Yea  | r-to-Date ▼<br>5000.00                           |          |        |              |     |        |      |                      |   |                  |      |    |
| s              | UBTOTAL of Receipts This Page (optional)  |                     |      | •  |          |        |              |     | 7      |      | ,                    |   | 576.8            | 37   |    |
| т              | OTAL This Period (last page this line number only   | /)                  |      |  | <b>-</b> |        |              |     | -      |      |                      |   |                  |      |    |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

FOR LINE NUMBER:

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|                       | EMIZED RECEIPTS  |               | for each category of the<br>Detailed Summary Page |         | -         |        | 11b     | 11c                   | 12          | <b>_</b> _ |  |  |  |  |  |  |
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|                       | y information copied from such Reports and St<br>for commercial purposes, other than using the |               |   |         | purp      |        |         |                       |             |            |  |  |  |  |  |  |
|                       | NAME OF COMMITTEE (In Full)  |               |   | , 10 30 |           |        |         |                       |             |            |  |  |  |  |  |  |
| $\left \right\rangle$ | Select Medical Corporation PAC   | ;             |   |         |           |        |         |                       |             |            |  |  |  |  |  |  |
| A.                    | Full Name of Individual (Last, First, Middle Initi<br>Duggan, John, F, Mr.,                    | al) or Full O | rganization Name                                  |         | Date o    | f Rec  | ceipt   |                       |             |            |  |  |  |  |  |  |
|                       | Mailing Address 1764 North Meadow Drive  |               |   |         | M M       | /      | 28      |                       | y y<br>2023 | Y          |  |  |  |  |  |  |
|                       | City   | State         | Zip Code  |         | Trans     | sactio | on ID : | A2023-2               | 552057      |            |  |  |  |  |  |  |
|                       | Mechanicsburg  | PA            | 17055   | /       | Amoun     | t of E | Each F  | Receipt th            | is Period   | ł          |  |  |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.                                     | С             |   | 5000.00 |           |        |         |                       |             |            |  |  |  |  |  |  |
|                       | Name of Employer (for Individual)  | Occi          | upation (for Individual)                          | -       | М         | emo    | Item    |                       |             |            |  |  |  |  |  |  |
|                       | Select Medical Corporation   | Sen           | ior Vice President                                |         |           |        |         |                       |             |            |  |  |  |  |  |  |
|                       | Receipt For:   | Aggregate     | Year-to-Date ▼                                    |         |           |        |         |                       |             |            |  |  |  |  |  |  |
|                       | Primary General  |               |   |         |           |        |         |                       |             |            |  |  |  |  |  |  |
|                       | Other (specify) <b>v</b>   | L             | 5000.00   |         |           |        |         |                       |             |            |  |  |  |  |  |  |
| B                     | Full Name of Individual (Last, First, Middle Initi<br>Ely, James, S, , III                     | al) or Full O | rganization Name                                  |         | Date o    | f Rec  | eint    |                       |             |            |  |  |  |  |  |  |
|                       | Mailing Address 117 Saint Pierre Way   |               |   |         | M M       | /      | 28      |                       | 2023        | Y          |  |  |  |  |  |  |
|                       | City   | State         | Zip Code  | -       |           |        | _       |                       | _           |            |  |  |  |  |  |  |
|                       | Jupiter  | FL            | 33458   |         |           |        |         | A2023-2<br>Receipt th |             | ł          |  |  |  |  |  |  |
|                       | FEC ID number of contributing  |               |   |         |           |        |         |                       |             |            |  |  |  |  |  |  |
|                       | federal political committee.   | С             |   |         |           |        |         | 7                     | 5000        | .00        |  |  |  |  |  |  |
|                       | Name of Employer (for Individual)  |               | upation (for Individual)                          |         | М         | emo    | Item    |                       |             |            |  |  |  |  |  |  |
|                       | Select Medical Corporation Receipt For:  |               | ector   | _       |           |        |         |                       |             |            |  |  |  |  |  |  |
|                       | Primary General  | Aggregate     | Year-to-Date ▼                                    | _       |           |        |         |                       |             |            |  |  |  |  |  |  |
|                       | Other (specify) ▼  |               | , 5000.00   |         |           |        |         |                       |             |            |  |  |  |  |  |  |
| —<br>c.               | Full Name of Individual (Last, First, Middle Initi<br>Evans, Alan, , ,                         | al) or Full O | rganization Name                                  |         | Date o    | f Rec  | eipt    |                       |             |            |  |  |  |  |  |  |
|                       | Mailing Address 4714 Gettysburg Rd   |               |   |         | м м<br>07 | /      | 07      |                       | 2023        | Y          |  |  |  |  |  |  |
|                       | City   | State         | Zip Code  | - '     | Trans     | sactio | on ID : | A2023-1               | 633267      |            |  |  |  |  |  |  |
|                       | Mechanicsburg  | PA            | 17055   |         | Amoun     | t of E | Each F  | Receipt th            | is Period   | ł          |  |  |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.                                     | С             |   |         |           |        |         |                       | 115         | .39        |  |  |  |  |  |  |
|                       |  |               |   |         |           |        | 7       |                       | _           |            |  |  |  |  |  |  |
|                       | Name of Employer (for Individual)<br>Select Medical Corporation                                |               | upation (for Individual)<br>cutive                |         | M         | lemo   | ltem    |                       |             |            |  |  |  |  |  |  |
|                       | Receipt For:   | Aggregate     | Year-to-Date <b>V</b>                             |         |           |        |         |                       |             |            |  |  |  |  |  |  |
|                       | Primary General<br>Other (specify)   |               | 1615.46   |         |           |        |         |                       |             |            |  |  |  |  |  |  |
| s                     | UBTOTAL of Receipts This Page (optional)   |               | •••••   |         |           |        | 9       |                       | 10115       | .39        |  |  |  |  |  |  |

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

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|           | EMIZED RECEIPTS  |                  | for each category of the<br>Detailed Summary Page |         | -         |       | 11b     | 11c       |            | 2              |    |
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|           | y information copied from such Reports and \$<br>for commercial purposes, other than using the |                  |   |         |           |       |         |           | ng conti   |                |    |
|           | NAME OF COMMITTEE (In Full)  |                  |   | , 10 30 |           |       |         | nom su    |            | millo          | 0. |
| $\rangle$ | Select Medical Corporation PA  | С                |   |         |           |       |         |           |            |                |    |
| A.        | Full Name of Individual (Last, First, Middle In Evans, Alan, , ,                               | itial) or Full O | rganization Name                                  |         | Date o    | of Re | eceipt  |           |            |                |    |
|           | Mailing Address 4714 Gettysburg Rd   |                  |   |         | M 07      | /     | D<br>21 | D /       | y y<br>202 | 23             | Y  |
|           | City   | State            | Zip Code  |         |           |       |         | : A2023-  |            |                |    |
|           | Mechanicsburg  | PA               | 17055   | _       | Amour     | nt of | Each    | Receipt t | his Pe     | riod           |    |
|           | FEC ID number of contributing federal political committee.                                     | С                |   |         |           |       | -y 1    |           | 1          | 15.3           | 9  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation                                |                  | upation (for Individual)<br>cutive                |         | N         | lemo  | o Item  |           |            |                |    |
|           | Receipt For:   | Aggregate        | Year-to-Date V                                    |         |           |       |         |           |            |                |    |
|           | Primary General<br>Other (specify) ▼   |                  | 1730.85   |         |           |       |         |           |            |                |    |
| В.        | Full Name of Individual (Last, First, Middle In<br>Evans, Alan, , ,                            | itial) or Full O | rganization Name                                  |         | Date o    | of Re | eceipt  |           |            |                |    |
|           | Mailing Address 4714 Gettysburg Rd   |                  |   |         | M N<br>08 | /     | 04      |           | 202        | у<br>З         | Y  |
|           | City   | State            | Zip Code  |         | Trans     | sact  | ion ID  | : A2023-  | 167931     | 8              |    |
|           | Mechanicsburg  | PA               | 17055   |         | Amour     | nt of | Each    | Receipt t | this Per   | riod           |    |
|           | FEC ID number of contributing federal political committee.                                     | С                |   |         | [.        |       | -yr. 1  |           | 1          | 15.3           | 9  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation                                |                  | upation (for Individual)<br>cutive                |         | N         | lemo  | o Item  |           |            |                |    |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate        | Year-to-Date ▼<br>1846,24                         |         |           |       |         |           |            |                |    |
| —<br>C.   | Full Name of Individual (Last, First, Middle In<br>Evans, Alan, , ,                            | itial) or Full O | rganization Name                                  |         | Date o    | of Re | eceipt  |           |            |                |    |
| •         | Mailing Address 4714 Gettysburg Rd   |                  |   |         | M N<br>08 |       | D<br>18 |           | 202        | 3              | Ŷ  |
|           | City   | State            | Zip Code  |         | Tran      | sact  | ion ID  | : A2023-  | 188499     | <del>)</del> 4 |    |
|           | Mechanicsburg  | PA               | 17055   |         | Amour     | nt of | Each    | Receipt t | his Pe     | riod           |    |
|           | FEC ID number of contributing federal political committee.                                     | С                |   |         | <u> </u>  |       | ,       | . ,       | 1          | 15.3           | 9  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation                                |                  | upation (for Individual)<br>cutive                |         | N         | /lemo | o Item  |           |            |                |    |
|           | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate        | Year-to-Date ▼<br>1961.63                         |         |           |       |         |           |            |                |    |
|           | UBTOTAL of Receipts This Page (optional)<br>OTAL This Period (last page this line number       |                  | F   | I<br>   |           | -     | , ,     |           | 3          | 346.17         | 7  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|              | EMIZED RECEIPTS   |                   | for each category of the<br>Detailed Summary Page |  | <b>K</b> 11a |       | 11b      | 11c        | 12          |    |  |  |  |  |  |  |
|--------------|---|-------------------|---|--|--------------|-------|----------|------------|-------------|----|--|--|--|--|--|--|
| _            |   |                   | , ,   |  | 13           |       | 14       | 15         | 16          | 17 |  |  |  |  |  |  |
|              |   |                   |   | ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee. |              |       |          |            |             |    |  |  |  |  |  |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)   |                   |   |  |              |       |          |            |             |    |  |  |  |  |  |  |
|              | Select Medical Corporation PA                                       | C                 |   |  |              |       |          |            |             |    |  |  |  |  |  |  |
| Α.           | Full Name of Individual (Last, First, Middle Ir Evans, Alan, , ,    | nitial) or Full C | organization Name                                 |  | Date c       | of Re | eceipt   |            |             |    |  |  |  |  |  |  |
|              | Mailing Address 4714 Gettysburg Rd                                  |                   |   |  | 09           | /     | D<br>01  |            | y y<br>2023 | Y  |  |  |  |  |  |  |
|              | City  | State             | Zip Code  |  | Tran         | sact  | ion ID   | : A2023-1  | 924769      |    |  |  |  |  |  |  |
|              | Mechanicsburg   | PA                | 17055   |  | Amour        | t of  | Each I   | Receipt th | is Period   |    |  |  |  |  |  |  |
|              | FEC ID number of contributing federal political committee.          | С                 |   |  |              |       |          |            | 115.        | 39 |  |  |  |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation     |                   | upation (for Individual)<br>ecutive               |  | N            | lemo  | o Item   |            |             |    |  |  |  |  |  |  |
|              | Receipt For:  |                   | Year-to-Date ▼                                    |  |              |       |          |            |             |    |  |  |  |  |  |  |
|              | Primary General   | Aggregate         |   | 11.  |              |       |          |            |             |    |  |  |  |  |  |  |
|              | Other (specify)   | L                 | 2077.02   |  |              |       |          |            |             |    |  |  |  |  |  |  |
| В.           | Full Name of Individual (Last, First, Middle Ir<br>Evans, Alan, , , | nitial) or Full C | Organization Name                                 |  | Date c       | of Re | eceipt   |            |             |    |  |  |  |  |  |  |
|              | Mailing Address 4714 Gettysburg Rd                                  |                   |   |  | 09           | /     | 15       |            | y y<br>2023 | Y  |  |  |  |  |  |  |
|              | City  | State             | Zip Code  |  | Trans        | sact  | ion ID : | : A2023-2  | 036987      |    |  |  |  |  |  |  |
|              | Mechanicsburg   | PA                | 17055   |  | Amour        | it of | Each I   | Receipt th | is Period   |    |  |  |  |  |  |  |
|              | FEC ID number of contributing federal political committee.          | С                 |   |  |              |       |          | · ·        | 115.        | 39 |  |  |  |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation     |                   | upation (for Individual)<br>acutive               |  | N            | lemo  | o Item   |            |             |    |  |  |  |  |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼                | Aggregate         | Year-to-Date ▼<br>2192.41                         |  |              |       |          |            |             |    |  |  |  |  |  |  |
| —<br>c.      | Full Name of Individual (Last, First, Middle Ir Evans, Alan, , ,    | itial) or Full C  | Organization Name                                 |  | Date c       | of Re | eceipt   |            |             |    |  |  |  |  |  |  |
| •            | Mailing Address 4714 Gettysburg Rd                                  |                   |   |  | M 09         |       | 29       |            | 2023        | Y  |  |  |  |  |  |  |
|              | City  | State             | Zip Code  |  | Tran         | sact  | ion ID   | : A2023-2  | 130252      |    |  |  |  |  |  |  |
|              | Mechanicsburg   | PA                | 17055   |  | Amour        | t of  | Each I   | Receipt th | is Period   |    |  |  |  |  |  |  |
|              | FEC ID number of contributing federal political committee.          | С                 |   |  |              |       | <b>y</b> | . ,        | 115.        | 39 |  |  |  |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation     |                   | upation (for Individual)<br>cutive                |  | N            | lem   | o Item   |            |             |    |  |  |  |  |  |  |
|              | Receipt For:  | 1                 |   |  |              |       |          |            |             |    |  |  |  |  |  |  |
|              | Primary General   | Aggregate         | Year-to-Date ▼                                    |  |              |       |          |            |             |    |  |  |  |  |  |  |
|              | Other (specify)   | L                 | 2307.80   |  |              |       |          |            |             |    |  |  |  |  |  |  |
| s            | UBTOTAL of Receipts This Page (optional)                            |                   |   | ▶<br>_   |              |       | ,        | 9          | 346.        | 17 |  |  |  |  |  |  |
| т            | OTAL This Period (last page this line number                        | only)             |   | •  | L            |       |          |            |             |    |  |  |  |  |  |  |

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|----|--|--|------|-----------------------------|-------------|------------------------|-------|-----------|----------|------------|---------------|------|-----|--|--|
|    | CHEDULE A (FEC Form 3X)<br>EMIZED RECEIPTS   | RECEIPTS         Use separate schedule(s)           for each category of the         Image: separate schedule(s) |      |                             |             |                        |       |           |          | PAGE<br>1c | 84            | OF   | 302 |  |  |
|    |  |  |      | Detailed Summary Page       |             | 3                      |       | 11b<br>14 | $\vdash$ | 5          | 16            |      | 17  |  |  |
|    | ny information copied from such Reports and St for commercial purposes, other than using the |  |      |                             |             |                        |       |           |          |            |               |      | S   |  |  |
|    | NAME OF COMMITTEE (In Full)  |  |      |                             |             |                        |       |           |          |            |               |      |     |  |  |
|    | Select Medical Corporation PAC   | ;  |      |                             |             |                        |       |           |          |            |               |      |     |  |  |
| Α. | Full Name of Individual (Last, First, Middle Initi<br>Evans, Alan, , ,                       | ial) or Full O   | )rga | nization Name               | Da          | ite of                 | Rec   | eipt      |          |            |               |      |     |  |  |
|    | Mailing Address 4714 Gettysburg Rd   |  |      |                             | 10 13 2023  |                        |       |           |          |            |               |      |     |  |  |
|    | City   | State  |      | Zip Code                    | 1           | rans                   | actio | n ID      | : A20    | 23-22      | 94514         |      |     |  |  |
|    | Mechanicsburg  | PA   |      | 17055                       | An          | nount                  | of E  | ach I     | Recei    | pt this    | 8 Perio       | d    |     |  |  |
|    | FEC ID number of contributing federal political committee.                                   | С  |      |                             |             |                        | - 4   |           |          | -          | 115           | 5.39 |     |  |  |
|    | Name of Employer (for Individual)  | Occ  | upa  | tion (for Individual)       | <u> Т</u> Г | Me                     | emo   | Item      |          |            |               |      |     |  |  |
|    | Select Medical Corporation   | Exe  | cuti | ive                         |             |                        |       |           |          |            |               |      |     |  |  |
|    | Receipt For:   | Aggregate  | Yea  | ar-to-Date 🔻                |             |                        |       |           |          |            |               |      |     |  |  |
|    | Primary General  |  | 1    | 2423.19                     |             |                        |       |           |          |            |               |      |     |  |  |
|    | Other (specify) <b>v</b>   |  | Ţ    | 2423.19                     |             |                        |       |           |          |            |               |      |     |  |  |
| B. | Full Name of Individual (Last, First, Middle Initi<br>Evans, Alan, , ,                       | ial) or Full O   | )rga | nization Name               | Da          | ite of                 | Rec   | eipt      |          |            |               |      |     |  |  |
|    | Mailing Address 4714 Gettysburg Rd   |  |      |                             | N           | 10                     | /     | 27        |          | Y          | y ∎ y<br>2023 | Y    |     |  |  |
|    | City   | State  |      | Zip Code                    |             | rans                   | actio | n ID :    | A20      | 23-23      | 53859         | -    |     |  |  |
|    | Mechanicsburg  | PA   |      | 17055                       |             |                        |       |           |          |            | Perio         | d    |     |  |  |
|    | FEC ID number of contributing federal political committee.                                   | С  |      |                             |             |                        |       |           |          |            | 115           | 5.39 |     |  |  |
|    | Name of Employer (for Individual)<br>Select Medical Corporation                              | Occ<br>Exe   |      | ation (for Individual)      | 10          | Me                     | emo   | ltem      |          |            |               |      |     |  |  |
|    | Receipt For:   |  |      | ar-to-Date ▼                | _           |                        |       |           |          |            |               |      |     |  |  |
|    | Primary General  | Aygreyate  | iea  |                             |             |                        |       |           |          |            |               |      |     |  |  |
|    | Other (specify) ▼  | L  | ,    | 2538.58                     |             |                        |       |           |          |            |               |      |     |  |  |
| с. | Full Name of Individual (Last, First, Middle Initi<br>Evans, Alan, , ,                       | ial) or Full O   | rga  | nization Name               | Da          | ite of                 | Rec   | eipt      |          |            |               |      |     |  |  |
|    | Mailing Address 4714 Gettysburg Rd   |  |      |                             | N           | <b>11</b> <sup>™</sup> | /     | D<br>10   |          | Y          | 2023          | Ŷ    |     |  |  |
|    | City   | State  |      | Zip Code                    |             | rans                   | actic | on ID     | : A20    | 23-24      | 65179         |      |     |  |  |
|    | Mechanicsburg  | PA   |      | 17055                       | An          | nount                  | of E  | ach I     | Recei    | pt this    | Perio         | d    |     |  |  |
|    | FEC ID number of contributing federal political committee.                                   | С  |      |                             |             |                        | . ,   |           |          | ,          | 115           | 5.39 |     |  |  |
|    | Name of Employer (for Individual)<br>Select Medical Corporation                              | Occu   |      | tion (for Individual)<br>ve | 70          | M                      | emo   | ltem      |          |            |               |      |     |  |  |
|    | Receipt For:   |  |      | ar-to-Date <b>V</b>         | -           |                        |       |           |          |            |               |      |     |  |  |
|    | Primary General  |  |      |                             |             |                        |       |           |          |            |               |      |     |  |  |
|    | Other (specify)  |  | 7    | 2653.97                     |             |                        |       |           |          |            |               |      |     |  |  |
|    |  |  |      |                             |             |                        | _     | _         |          |            |               | _    |     |  |  |

| SUBTOTAL of Receipts This Page (optional)           |   | L | _ | , | 9 |  | 9 | <br>34 | 46.1 | 7 |
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| TOTAL This Period (last page this line number only) | • | Г |   |   |   |  |   |        |      |   |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|          | TEMIZED RECEIPTS for each category of the Detailed Summary Page                               |                 |                  |                          |   |          |       | 11b     | 11c        | 12        | <u> </u> |
|----------|---|-----------------|------------------|--------------------------|---|----------|-------|---------|------------|-----------|----------|
|          | y information copied from such Reports and S<br>for commercial purposes, other than using the |                 |                  |                          |   |          |       |         |            |           |          |
|          | NAME OF COMMITTEE (In Full)   |                 |                  |                          |   |          |       |         |            |           |          |
|          | Select Medical Corporation PA   | C               |                  |                          |   |          |       |         |            |           |          |
| Α.       | Full Name of Individual (Last, First, Middle Ini<br>Evans, Alan, , ,                          | tial) or Full C | Drgan            | ization Name             |   | Date of  | of Re | eceipt  |            |           |          |
|          | Mailing Address 4714 Gettysburg Rd  |                 |                  |                          |   | M 11     | 1 /   | D<br>24 |            | 2023      | Y        |
|          | City  | State<br>PA     |                  | Zip Code                 |   |          |       |         | : A2023-2  |           |          |
|          | Mechanicsburg   | FA              |                  | 17055                    | _ | Amour    | nt of | Each    | Receipt th | is Period |          |
|          | FEC ID number of contributing federal political committee.                                    | С               |                  |                          |   |          |       |         |            | 115.      | 39       |
|          | Name of Employer (for Individual)<br>Select Medical Corporation                               |                 | cupati<br>ecutiv | on (for Individual)<br>e |   | N        | lemo  | o Item  |            |           |          |
|          | Receipt For:  | Aggregate       | Year             | -to-Date <b>V</b>        |   |          |       |         |            |           |          |
|          | Primary General   | 33 - 3          |                  |                          |   |          |       |         |            |           |          |
|          | Other (specify) <b>v</b>  |                 |                  | 2769.36                  |   |          |       |         |            |           |          |
| в.       | Full Name of Individual (Last, First, Middle Ini<br>Evans, Alan, , ,                          | tial) or Full C | Drgan            | ization Name             |   | Date of  | of Re | eceipt  |            |           |          |
|          | Mailing Address 4714 Gettysburg Rd  |                 |                  |                          |   | 12       | /     | D<br>08 |            | 2023      | Y        |
|          | City  | State           |                  | Zip Code                 |   | Tran     | sact  | ion ID  | : A2023-2  | 726361    |          |
|          | Mechanicsburg   | PA              |                  | 17055                    |   | Amour    | nt of | Each    | Receipt th | is Period |          |
|          | FEC ID number of contributing federal political committee.                                    | С               |                  |                          |   | <u> </u> |       |         |            | 115.      | 39       |
|          | Name of Employer (for Individual)<br>Select Medical Corporation                               |                 | cupati<br>ecutiv | on (for Individual)<br>e |   | N        | lemo  | b Item  |            |           |          |
|          | Receipt For:  | Aggregate       | Year             | -to-Date 🔻               |   |          |       |         |            |           |          |
|          | Other (specify)   |                 | <b>,</b>         | 2884.75                  |   |          |       |         |            |           |          |
| <u> </u> | Full Name of Individual (Last, First, Middle Ini<br>Evans, Alan, , ,                          | tial) or Full C | Drgan            | ization Name             |   | Date of  | of Re | eceipt  |            |           |          |
|          | Mailing Address 4714 Gettysburg Rd  |                 |                  |                          |   | 12       | 1 /   | 2       |            | y<br>2023 | Y        |
|          | City  | State           |                  | Zip Code                 |   | Tran     | sact  | ion ID  | : A2023-2  | 802126    |          |
|          | Mechanicsburg   | PA              |                  | 17055                    |   | Amour    | nt of | Each    | Receipt th | is Period |          |
|          | FEC ID number of contributing federal political committee.                                    | С               |                  |                          |   |          |       | y .     | , ,        | 115.      | 25       |
|          | Name of Employer (for Individual)   | 000             | unati            | on (for Individual)      |   | Ν        | /lem  | o Item  |            |           |          |
|          | Select Medical Corporation  |                 | cutive           | ( )                      |   |          |       |         |            |           |          |
|          | Receipt For:  | Aggregate       | Year             | -to-Date <b>V</b>        |   |          |       |         |            |           |          |
|          | Primary General   | 33 - 3          |                  |                          |   |          |       |         |            |           |          |
|          | Other (specify)   | L               |                  | 3000.00                  |   |          |       |         |            |           |          |
| s        | UBTOTAL of Receipts This Page (optional)  |                 |                  |                          |   |          |       |         |            | 346.      | 03       |
| ⊢        |   |                 |                  |                          | - | <b>;</b> |       | ,       | 7          |           | =        |
| Т        | OTAL This Period (last page this line number  | only)           |                  | ••••••                   |   | <u></u>  |       | -       |            |           |          |

| SCHEDULE A   | (FEC  | Form | 3X) |
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| ITEMIZED REC | EIPTS |      |     |

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|           | EMIZED RECEIPTS  |              |      | for each category of the<br>Detailed Summary Page |   | 11a  | à  |     | 11b     | 11c                          |   | 12               |       |    |  |
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|           | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r                    |              |      |   |   |  |    |     |         |                              |   |                  | tions | 17 |  |
| <u> </u>  | NAME OF COMMITTEE (In Full)  |              |      | , , , , , , , , , , , , , , , , , , ,             |   |  |    |     |         |                              |   |                  |       |    |  |
| $\rangle$ | Select Medical Corporation PAC   |              |      |   |   |  |    |     |         |                              |   |                  |       |    |  |
| Α.        | Full Name of Individual (Last, First, Middle Initia<br>Frist, William, H, Dr.,<br>Mailing Address 2908 Poston Avenue | l) or Full O | )rga | nization Name                                     |   |  |    | Re  | ceipt   |                              |   | Y                | 14    |    |  |
|           | City   | State        |      | Zip Code  | _ | <sup>™</sup> 1'                            | 1  |     | 28      | 3                            | 2 | 023              | Ŷ     |    |  |
|           | Nashville  | TN           |      | 37203   |   |  |    |     |         | : A2023-2                    |   |                  |       |    |  |
|           | FEC ID number of contributing federal political committee.   | С            |      |   |   | Amount of Each Receipt this Period 5000.00 |    |     |         |                              |   |                  |       |    |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation  |              | •    | tion (for Individual)<br>of Directors             |   |  | Me | emo | Item    |                              |   |                  |       |    |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate    | Yea  | ar-to-Date ▼<br>5000.00                           |   |  |    |     |         |                              |   |                  |       |    |  |
|           | Full Name of Individual (Last, First, Middle Initia<br>Gasse, Suzanne, D, Ms.,                                       | l) or Full O | )rga | nization Name                                     |   | Date                                       | of | Re  | ceipt   |                              |   |                  |       |    |  |
|           | Mailing Address 3903 West Sailboat Drive   |              |      |   |   | <sup>™</sup> 0 <sup>.</sup>                |    | /   | D<br>07 |                              |   | )<br>23          | Y     |    |  |
|           | City<br>Pembroke Pines   | State<br>FL  |      | Zip Code<br>33026                                 |   |  |    |     |         | <b>: A2023-</b><br>Receipt t |   |                  |       |    |  |
|           | FEC ID number of contributing<br>federal political committee.  | С            | _    |   |   |  |    |     |         |                              | _ | 115.:            | 39    |    |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation  |              | •    | ation (for Individual)<br>resident of Operations  |   |  | Me | emo | Item    |                              |   |                  |       |    |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate    | Yea  | ar-to-Date ▼<br>1615.46                           |   |  |    |     |         |                              |   |                  |       |    |  |
| <u>с.</u> | Full Name of Individual (Last, First, Middle Initia<br>Gasse, Suzanne, D, Ms.,                                       | l) or Full O | )rga | nization Name                                     |   | Date                                       | of | Re  | ceipt   |                              |   |                  |       |    |  |
|           | Mailing Address 3903 West Sailboat Drive   |              |      |   |   | <sup>™</sup> 0                             |    | /   | D<br>21 |                              |   | 023 <sup>°</sup> | Y     |    |  |
|           | City<br>Pembroke Pines   | State<br>FL  |      | Zip Code<br>33026                                 |   |  |    |     |         | : <b>A2023-</b><br>Receipt t |   |                  |       |    |  |
|           | FEC ID number of contributing federal political committee.   | С            | _    |   |   | Ē  |    |     | y .     | . ,                          | _ | 115.             | 39    |    |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation  |              | •    | tion (for Individual)<br>esident of Operations    |   |  | Me | ema | ltem    |                              |   |                  |       |    |  |
|           | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate    | Yea  | ar-to-Date ▼<br>1730.85                           |   |  |    |     |         |                              |   |                  |       |    |  |
| S         | UBTOTAL of Receipts This Page (optional)   |              |      |   |   |  |    |     |         |                              |   | 5230.            | 78    | 7  |  |
| т         | OTAL This Period (last page this line number or  | וy)          |      | ·····   | - |  |    |     | -<br>-  |                              |   |                  |       | 1  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| 11                    | EMIZED RECEIPTS   |               |       | or each category of the<br>Detailed Summary Page |        | <b>K</b> 11:   | a [  |     | 1    | 1b      |     | 11c     |       | 12                    |    |
|-----------------------|---|---------------|-------|--|--------|----------------|------|-----|------|---------|-----|---------|-------|-----------------------|----|
|                       | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |       |  |        |                |      |     |      | se of   |     |         |       |                       |    |
| 5                     | NAME OF COMMITTEE (In Full)   |               |       |  |        |                |      |     |      |         |     |         |       |                       |    |
| $\left \right\rangle$ | Select Medical Corporation PAC  | ;             |       |  |        |                |      |     |      |         |     |         |       |                       |    |
| Α.                    | Full Name of Individual (Last, First, Middle Initia<br>Gasse, Suzanne, D, Ms.,                  | al) or Full C | Drgar | nization Name                                    |        | Date           | of   | Re  | ece  | ipt     |     |         |       |                       |    |
|                       | Mailing Address 3903 West Sailboat Drive  |               |       |  |        | м<br>0         |      | /   | l    | D<br>04 |     | / Y     |       | 2023                  | Y  |
|                       | City<br>Pembroke Pines  | State<br>FL   |       | Zip Code<br>33026                                |        |                |      |     |      |         |     | 2023-   |       |                       |    |
|                       | FEC ID number of contributing   | C             | -     | 33020  |        | Amo            | unt  | of  | Ea   | ıch F   | Red | ceipt t | his F | Period<br>115.:       | 39 |
|                       | federal political committee.  |               | -     |  |        | 남              |      |     | 7    | _       | 1   |         | -     |                       |    |
|                       | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | •     | ion (for Individual)<br>esident of Operations    |        | ш              | Me   | mo  | ) It | em      |     |         |       |                       |    |
|                       | Receipt For:  | Aggregate     | Yea   | r-to-Date ▼                                      |        |                |      |     |      |         |     |         |       |                       |    |
|                       | Primary General<br>Other (specify) ▼  |               | -9-   | 1846.24  |        |                |      |     |      |         |     |         |       |                       |    |
| В.                    | Full Name of Individual (Last, First, Middle Initia<br>Gasse, Suzanne, D, Ms.,                  | al) or Full C | Drgar | nization Name                                    |        | Date           | of   | Re  | ece  | ipt     |     |         |       |                       |    |
|                       | Mailing Address 3903 West Sailboat Drive  |               |       |  |        | <sup>™</sup> 0 |      | /   | ľ    | D 18    | -   | / Y     |       | 023                   | Y  |
|                       | City  | State         |       | Zip Code   |        | Tra            | nsa  | cti | on   | ID :    | : A | 2023-1  | 1884  | 1993                  |    |
|                       | Pembroke Pines  | FL            |       | 33026  | _      | Amo            | unt  | of  | Ea   | ich F   | Red | ceipt t | his F | Period                |    |
|                       | FEC ID number of contributing federal political committee.                                      | С             |       |  |        |                |      |     | -    | _       | _   |         | _     | 115.:                 | 39 |
|                       | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | •     | ion (for Individual)<br>esident of Operations    |        |                | Me   | mo  | ) It | em      |     |         |       |                       |    |
|                       | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Yea   | r-to-Date ▼<br>1961.63                           |        |                |      |     |      |         |     |         |       |                       |    |
| —<br>c.               | Full Name of Individual (Last, First, Middle Initia<br>Gasse, Suzanne, D, Ms.,                  | al) or Full C | Drgar | nization Name                                    |        | Date           | of   | Ro  |      | int     |     |         |       |                       |    |
| 0.                    | Mailing Address 3903 West Sailboat Drive  |               |       |  |        |                | М    | /   |      | D<br>01 |     | / Y     |       | 023                   | Y  |
|                       | City<br>Pembroke Pines  | State<br>FL   |       | Zip Code<br>33026                                |        |                |      |     | -    |         |     | 2023-   | -     | <b>4768</b><br>Period |    |
|                       | FEC ID number of contributing federal political committee.                                      | С             |       |  |        |                | unit |     | L.c  |         | net |         |       | 115.3                 | 39 |
|                       | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | •     | ion (for Individual)<br>sident of Operations     |        |                | Me   | mo  | b It | em      |     |         |       |                       |    |
|                       | Receipt For:  |               |       | r-to-Date ▼                                      | $\neg$ |                |      |     |      |         |     |         |       |                       |    |
|                       | Primary General<br>Other (specify)  |               | -     | 2077.02  |        |                |      |     |      |         |     |         |       |                       |    |
| s                     | UBTOTAL of Receipts This Page (optional)  |               |       | •  | <br>_  |                |      |     | 9    | -       |     | 9       | -     | 346. <i>*</i>         | 17 |
| т                     | OTAL This Period (last page this line number o  | nly)          |       | ••••••   |        |                |      |     | -    |         |     |         |       |                       |    |

| SCHEDULE A   | (FEC Form | 3X) |
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|                              | EMIZED RECEIPTS  |                            |              | or each category of the<br>Detailed Summary Page               |                  | 11a             |               | -      | 11b<br>14 | F    | 11c<br>15                 |               | 12<br>16      | 17    |  |  |  |
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| An<br>or                     | y information copied from such Reports and State<br>for commercial purposes, other than using the na                         | ements ma                  | ay n<br>ddre | ot be sold or used by any pe<br>ess of any political committee | erson f<br>to so | or th           | e pu<br>ontri | ırp    | ose c     | of s | soliciting                | j coi<br>h co | ntribu        | tions |  |  |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PAC  |                            |              |  |                  |                 |               |        |           |      |                           |               |               |       |  |  |  |
| Α.                           | Full Name of Individual (Last, First, Middle Initial)<br>Gasse, Suzanne, D, Ms.,<br>Mailing Address 3903 West Sailboat Drive | or Full O                  | rgar         | nization Name  | [                | Date<br>09      |               | lec    | ceipt     |      | / Y                       |               | )23           | Ŷ     |  |  |  |
|                              | City<br>Pembroke Pines   | State<br>FL                |              | Zip Code<br>33026  |                  |                 |               |        |           |      | 2023-2                    |               |               |       |  |  |  |
|                              | FEC ID number of contributing federal political committee.   | C                          |              | 55020  | /                | Amou            | nt o          | fE     | Each      | Re   | eceipt th                 | iis P         | eriod<br>115. | 39    |  |  |  |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:  | Vice                       | Pre          | ion (for Individual)<br>esident of Operations<br>Ir-to-Date ▼  | Memo Item        |                 |               |        |           |      |                           |               |               |       |  |  |  |
|                              | Primary General<br>Other (specify) ▼   |                            | - <b>J</b> - | 2192.41  |                  |                 |               |        |           |      |                           |               |               |       |  |  |  |
| в.                           | Full Name of Individual (Last, First, Middle Initial)<br>Gasse, Suzanne, D, Ms.,   | or Full O                  | rgar         | nization Name  |                  | Date            | of R          | lec    | ceipt     |      |                           |               |               |       |  |  |  |
|                              | Mailing Address 3903 West Sailboat Drive   | 09 / D D / Y Y Y Y<br>2023 |              |  |                  |                 |               |        |           |      |                           |               |               |       |  |  |  |
|                              | City<br>Pembroke Pines   |                            |              |  |                  |                 |               | 2023-2 |           |      |                           |               |               |       |  |  |  |
|                              | FEC ID number of contributing federal political committee.   | С                          |              |  |                  |                 |               |        | <b>y</b>  |      | -95                       | _             | 115.          | 39    |  |  |  |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation  |                            | •            | tion (for Individual)<br>esident of Operations                 |                  |                 | Mem           | 10     | Item      |      |                           |               |               |       |  |  |  |
|                              | Receipt For:       µ         Primary       General         Other (specify) ▼   | Aggregate                  | Yea          | r-to-Date ▼<br>2307.80   |                  |                 |               |        |           |      |                           |               |               |       |  |  |  |
| с.                           | Full Name of Individual (Last, First, Middle Initial)<br>Gasse, Suzanne, D, Ms.,   | or Full O                  | rgar         | nization Name  |                  | Date            | of R          | lec    | ceipt     |      |                           |               |               |       |  |  |  |
|                              | Mailing Address 3903 West Sailboat Drive   |                            |              |  |                  | <sup>™</sup> 10 |               | /      | D 1:      |      | / Y                       |               | 23            | Y     |  |  |  |
|                              | City<br>Pembroke Pines   | State<br>FL                |              | Zip Code<br>33026  |                  |                 |               |        |           |      | <b>2023-2</b><br>ceipt th |               |               |       |  |  |  |
|                              | FEC ID number of contributing federal political committee.   | С                          |              |  |                  |                 |               |        | 9         | _    |                           | _             | 115.          | 39    |  |  |  |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:  | Vice                       | Pre          | ion (for Individual)<br>esident of Operations                  |                  |                 | Merr          | 10     | ltem      |      |                           |               |               |       |  |  |  |
|                              | Primary General<br>Other (specify)   | Aggregate                  | rea          | r-to-Date ▼<br>2423.19   |                  |                 |               |        |           |      |                           |               |               |       |  |  |  |
| S                            | UBTOTAL of Receipts This Page (optional)   |                            |              | •••••  |                  |                 |               |        | ,         |      |                           | Ξ             | 346.          | 17    |  |  |  |
| т                            | OTAL This Period (last page this line number only  | y)                         |              | •••••  |                  |                 |               |        | ,         |      | -                         |               |               |       |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|                       | EMIZED RECEIPTS   |               |       | or each category of the<br>Detailed Summary Page |          | _   | 1a              |       | -   | 1b      |     | 11c     |       | 12              | <u> </u> |
|-----------------------|---|---------------|-------|--|----------|-----|-----------------|-------|-----|---------|-----|---------|-------|-----------------|----------|
|                       | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |       |  |          |     | the             |       | po  |         |     |         |       |                 |          |
| F.                    | NAME OF COMMITTEE (In Full)   |               |       |  |          |     |                 |       |     |         |     |         |       |                 |          |
| $\left \right\rangle$ | Select Medical Corporation PAC  | ;             |       |  |          |     |                 |       |     |         |     |         |       |                 |          |
| Α.                    | Full Name of Individual (Last, First, Middle Initia<br>Gasse, Suzanne, D, Ms.,                  | al) or Full C | Orgai | nization Name                                    |          | Da  | te o            | of Re | ece | eipt    |     |         |       |                 |          |
|                       | Mailing Address 3903 West Sailboat Drive  |               |       |  |          |     | 10 <sup>™</sup> | /     |     | D<br>27 |     |         |       | 2023            | Y        |
|                       | City<br>Pembroke Pines  | State<br>FL   |       | Zip Code<br>33026                                |          |     |                 |       |     |         |     | 2023-   |       |                 |          |
|                       | FEC ID number of contributing   | C             | -     | 33020  | _        | Am  | oun             | it of | E   | ach I   | Re  | ceipt t | his F | Period<br>115.3 | 39       |
|                       | federal political committee.  | U             |       |  |          | 눔   | i.              |       | 7   |         | _   | -       | -     | 1 40            |          |
|                       | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | •     | tion (for Individual)<br>esident of Operations   |          | L   | N               | lemo  | o l | tem     |     |         |       |                 |          |
|                       | Receipt For:  | Aggregate     | Yea   | ar-to-Date 🔻                                     |          |     |                 |       |     |         |     |         |       |                 |          |
|                       | Primary     General       Other (specify) ▼   |               | -     | 2538.58  |          |     |                 |       |     |         |     |         |       |                 |          |
| В.                    | Full Name of Individual (Last, First, Middle Initia<br>Gasse, Suzanne, D, Ms.,                  | al) or Full C | Orgai | nization Name                                    |          | Dat | te o            | of Re | ece | eipt    |     |         |       |                 |          |
|                       | Mailing Address 3903 West Sailboat Drive  |               |       |  |          | M   | 11              | /     | ſ   | D<br>10 | -   | /       |       | 023             | Y        |
|                       | City  | State         |       | Zip Code   |          | Т   | ans             | sacti | ioı | n ID :  | : A | 2023-:  | 2465  | 5178            |          |
|                       | Pembroke Pines  | FL            |       | 33026  | _        | Am  | oun             | it of | E   | ach I   | Re  | ceipt t | his F | Period          |          |
|                       | FEC ID number of contributing federal political committee.                                      | С             |       |  |          |     |                 |       | ,   |         |     |         | _     | 115.3           | 39       |
|                       | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | •     | tion (for Individual)<br>esident of Operations   |          |     | N               | lemo  | o l | tem     |     |         |       |                 |          |
|                       | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Yea   | r-to-Date ▼<br>2653.97                           |          |     |                 |       |     |         |     |         |       |                 |          |
| <u> </u>              | Full Name of Individual (Last, First, Middle Initi<br>Gasse, Suzanne, D, Ms.,                   | al) or Full C | Orgai | nization Name                                    |          | Dat |                 | of Re | 200 | Pint    |     |         |       |                 |          |
| 0.                    | Mailing Address 3903 West Sailboat Drive  |               |       |  |          | M   |                 |       |     | D 24    |     | /       |       | 023             | Y        |
|                       | City<br>Pembroke Pines  | State<br>FL   |       | Zip Code<br>33026                                |          |     |                 |       |     |         |     | 2023-   |       |                 |          |
|                       | FEC ID number of contributing   | С             | -     |  |          | Am  | oun             | it of | E   | ach     | Re  | ceipt t | nis i | Period<br>115.3 | 39       |
|                       | federal political committee.  |               |       |  |          | 눈   | i.              |       | 7   |         | _   | 9       |       |                 |          |
|                       | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | •     | tion (for Individual)<br>esident of Operations   |          | 5   | IV              | lemo  | 0 1 | tem     |     |         |       |                 |          |
|                       | Receipt For:  | Aggregate     | Yea   | ur-to-Date ▼                                     |          |     |                 |       |     |         |     |         |       |                 |          |
|                       | Primary General<br>Other (specify)  |               | -     | 2769.36  |          |     |                 |       |     |         |     |         |       |                 |          |
| s                     | UBTOTAL of Receipts This Page (optional)  |               |       | •••••  | <b> </b> |     |                 |       |     |         | _   |         |       | 346.1           | 7        |
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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

FOR LINE NUMBER: PAGE 90 OF

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| 11           | EMIZED RECEIPTS   |               | ch category of the<br>d Summary Page |                                   | 11a<br>13 |                 | 11b<br>14 | 11c   | 12<br>16                       | 17          |        |
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|              | y information copied from such Reports and St for commercial purposes, other than using the |               |                                      |                                   |           |                 |           |       | f soliciting                   |             | itions |
| $\setminus$  | NAME OF COMMITTEE (In Full)   |               |                                      |                                   |           |                 |           |       |                                |             |        |
| $\backslash$ | Select Medical Corporation PAC  | ;             |                                      |                                   |           |                 |           |       |                                |             |        |
| Α.           | Full Name of Individual (Last, First, Middle Initi<br>Gasse, Suzanne, D, Ms.,               | al) or Full C | rganizatio                           | n Name                            | (         | Date of         | f Red     | ceipt |                                |             |        |
|              | Mailing Address 3903 West Sailboat Drive  |               |                                      | <u> </u>                          |           | <sup>M</sup> 12 | /         | D 08  |                                | y y<br>2023 | Y      |
|              | City<br>Pembroke Pines  | State<br>FL   | Zip (<br>330                         |                                   |           |                 |           |       | A2023-2                        |             | 1      |
|              | FEC ID number of contributing federal political committee.                                  | С             |                                      |                                   |           | Amoun           |           |       | Receipt th                     | 115<br>115  | _      |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                             |               | •                                    | or Individual)<br>t of Operations |           | M               | emo       | Item  |                                |             |        |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-D                            | ate ▼<br>2884.75                  |           |                 |           |       |                                |             |        |
| В.           | Full Name of Individual (Last, First, Middle Initi<br>Gasse, Suzanne, D, Ms.,               | al) or Full C | rganizatio                           | n Name                            | [         | Date of         | f Red     | ceipt |                                |             |        |
|              | Mailing Address 3903 West Sailboat Drive  |               |                                      |                                   |           | <sup>M</sup> 12 | /         | D 1   | D / Y                          | 2023        | Y      |
|              | City<br>Pembroke Pines  | State<br>FL   | Zip (<br>330                         |                                   |           |                 |           |       | A2023-2<br>Receipt th          |             | 1      |
|              | FEC ID number of contributing federal political committee.                                  | С             |                                      |                                   |           |                 |           | ,     |                                | 115         | .25    |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                             |               | •                                    | or Individual)<br>t of Operations |           | M               | emo       | Item  |                                |             |        |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-D                            | ate ▼<br>3000.00                  |           |                 |           |       |                                |             |        |
| <u>с</u> .   | Full Name of Individual (Last, First, Middle Initi<br>Godley, Karen, , ,                    | al) or Full C | rganizatio                           | n Name                            |           | Date of         | f Red     | ceipt |                                |             |        |
|              | Mailing Address 4714 Gettysburg Rd  |               |                                      |                                   |           | м м<br>07       | /         | D 14  |                                | y y<br>2023 | Y      |
|              | City<br>Mechanicsburg   | State<br>PA   | Zip (<br>170                         |                                   |           |                 |           |       | : <b>A2023-1</b><br>Receipt th |             | 1      |
|              | FEC ID number of contributing federal political committee.                                  | С             |                                      |                                   |           | anoun           |           |       | , incorpt in                   | 115         | _      |
|              | Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:             | Exe           | cutive                               | or Individual)                    |           | М               | emo       | Item  |                                |             |        |
|              | Primary General<br>Other (specify)  | Aggregate     | Year-to-D                            | ate ▼<br>1615.46                  |           |                 |           |       |                                |             |        |
| s            | UBTOTAL of Receipts This Page (optional)  |               |                                      | ••••••                            |           |                 |           | ,     | ,                              | 346         | 03     |
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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| 116   |  |                    | Detailed Summary Page             | X                              | 11a<br>13       |         | 1b<br>1 | 11c        | 12          |     |
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|   | / information copied from such Reports and soft commercial purposes, other than using th |                    |                                   |                                | or the          | purpos  | se of   |            |             |     |
|   | NAME OF COMMITTEE (In Full)  |                    |                                   |                                |                 |         |         |            |             |     |
|   | Select Medical Corporation PA  | C                  |                                   |                                |                 |         |         |            |             |     |
| Α.  | Full Name of Individual (Last, First, Middle In<br>Godley, Karen, , ,                    | nitial) or Full Or | rganization Name                  |                                | ate of          | f Rece  | ipt     |            |             |     |
|   | Mailing Address 4714 Gettysburg Rd   |                    |                                   |                                | <sup>M</sup> 07 | 1       | D<br>28 |            | y y<br>2023 | Y   |
|   | City   | State              | Zip Code                          |                                | Trans           | action  | ו ID :  | A2023-1    | 654996      |     |
|   | Mechanicsburg  | PA                 | 17055                             | A                              | mount           | t of Ea | ach F   | Receipt th | is Period   | 1   |
|   | FEC ID number of contributing federal political committee.                               | С                  |                                   |                                |                 |         |         |            | 115         | .39 |
|   | Name of Employer (for Individual)  | Occu               | pation (for Individual)           |                                | M               | emo It  | em      |            |             |     |
|   | Select Medical Corporation   | Exec               | cutive                            |                                |                 |         |         |            |             |     |
|   | Receipt For:   | Aggregate          | Year-to-Date 🔻                    |                                |                 |         |         |            |             |     |
|   | Primary General  | / iggi egute       |                                   |                                |                 |         |         |            |             |     |
|   | Other (specify) ▼  |                    | 1730.85                           |                                |                 |         |         |            |             |     |
|   | Full Name of Individual (Last, First, Middle In  | nitial) or Full O  | rganization Name                  |                                |                 |         |         |            |             |     |
| <b>B</b> .  | Godley, Karen, , ,   |                    |                                   | D                              | ate of          | f Rece  | ipt     |            |             |     |
|   | Mailing Address 4714 Gettysburg Rd   |                    |                                   |                                | ™<br>08         | 1       | D<br>11 | D / Y      | 2023        | Y   |
|   | City   | State              | Zip Code                          |                                | Trans           | action  | ID :    | A2023-1    | 764936      |     |
| -   | Mechanicsburg  | PA                 | 17055                             | Amount of Each Receipt this Pe |                 |         |         |            |             | 1   |
|   | FEC ID number of contributing federal political committee.                               | С                  |                                   |                                | _               |         |         | -          | 115         | .39 |
|   | Name of Employer (for Individual)  | Occi               | upation (for Individual)          | — I                            | M               | emo It  | em      |            |             |     |
|   | Select Medical Corporation   |                    | cutive                            |                                |                 |         |         |            |             |     |
|   | Receipt For:   | Aggrogato          | Year-to-Date ▼                    |                                |                 |         |         |            |             |     |
|   | Primary General  | Aggregate          |                                   |                                |                 |         |         |            |             |     |
|   | Other (specify)  | 1846.24            |                                   |                                |                 |         |         |            |             |     |
|   | Full Name of Individual (Last, First, Middle In Godley, Karen, , ,                       | nitial) or Full O  | rganization Name                  | D                              | ate of          | f Rece  | ipt     |            |             |     |
|   | Mailing Address 4714 Gettysburg Rd   |                    |                                   |                                | <sup>M</sup> 08 | 1       | 25      |            | y<br>2023   | Y   |
|   | City   | State              | Zip Code                          |                                | Trans           | sactior | ו ID ו  | : A2023-1  | 903184      |     |
|   | Mechanicsburg  | PA                 | 17055                             | A                              | mount           | t of Ea | ach F   | Receipt th | is Period   | 1   |
| FEC ID number of contributing<br>federal political committee. |  | С                  |                                   |                                |                 | ,       |         |            | 115         | .39 |
|   |  |                    | ipation (for Individual)<br>utive |                                | Μ               | emo It  | tem     |            |             |     |
|   | Select Medical Corporation Receipt For:  |                    |                                   |                                |                 |         |         |            |             |     |
|   | Primary General  | Aggregate          | Year-to-Date <b>V</b>             | _                              |                 |         |         |            |             |     |
|   | Other (specify)  |                    | 1961.63                           |                                |                 |         |         |            |             |     |
| sı  | JBTOTAL of Receipts This Page (optional)   |                    |                                   |                                |                 | . ,     | -       |            | 346         | 17  |

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| CHEDULE A (FEC Form 3X<br>EMIZED RECEIPTS  | )                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE         92         OF           (check only one)   |
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|  | the name and     |   | <ul> <li>person for the purpose of soliciting contributions</li> <li>ttee to solicit contributions from such committee.</li> </ul> |
| Full Name of Individual (Last, First, Middle<br>Godley, Karen, , ,<br>Mailing Address 4714 Gettysburg Rd<br>City   | Initial) or Full | Organization Name   | Date of Receipt<br>09 / 08 / 2023<br>Transaction ID : A2023-2037016  |
| Mechanicsburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         □       Primary         □       General         Other (specify)       ▼ | Ex               | 17055<br>cupation (for Individual)<br>recutive<br>e Year-to-Date ▼<br>2077.02 | Amount of Each Receipt this Period  115.39  Memo Item  |
| Full Name of Individual (Last, First, Middle<br>Godley, Karen, , ,<br>Mailing Address 4714 Gettysburg Rd<br>City<br>Mechanicsburg<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)                            | State<br>PA      | Organization Name<br>Zip Code<br>17055  | Date of Receipt 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, , , Date of Receipt Mailing Address 4714 Gettysburg Rd M – M City State Zip Code Transaction ID : A2023-2223670 PA Mechanicsburg 17055 Amount of Each Receipt this Period FEC ID number of contributing С federal political committee. Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation Executive

| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Year-to-Date ▼<br>2307.80 |  |  |  |  |  |  |
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| SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE         93         OF         302           (check only one)                    |
| or for commercial purposes, other than using th  |   | ny person for the purpose of soliciting contributions<br>nittee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PA   | кС  |   |
| Full Name of Individual (Last, First, Middle Ir<br>A. Godley, Karen, , ,                                       | nitial) or Full Organization Name   | Date of Receipt   |
| Mailing Address 4714 Gettysburg Rd   |   | 10 20 / Y Y Y Y<br>2023   |
| City<br>Mechanicsburg  | StateZip CodePA17055  | Transaction ID : A2023-2314422           Amount of Each Receipt this Period                                   |
| FEC ID number of contributing federal political committee.   | C   | 115.39  |
| Name of Employer (for Individual)<br>Select Medical Corporation  | Occupation (for Individual)<br>Executive                                      | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>2423.19   |   |
| Full Name of Individual (Last, First, Middle Ir<br>B. Godley, Karen, , ,<br>Mailing Address 4714 Gettysburg Rd | nitial) or Full Organization Name   | Date of Receipt   |
| City   | State Zip Code  | Transaction ID : A2023-2379816  |
| Mechanicsburg<br>FEC ID number of contributing<br>federal political committee.                                 | PA 17055  | Amount of Each Receipt this Period  |
| Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:                                | Occupation (for Individual)<br>Executive                                      | Memo Item   |
| Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>2538.58   |   |
| Full Name of Individual (Last, First, Middle Ir Godley, Karen, , ,   | nitial) or Full Organization Name   | Date of Receipt   |
| Mailing Address 4714 Gettysburg Rd   | State Zip Code  | 11 17 2023<br>Transaction ID : A2023-2519612  |
| Mechanicsburg  | PA 17055  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C   | 115.39  |
| Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:                                | Occupation (for Individual)<br>Executive<br>Aggregate Year-to-Date ▼          | Memo Item   |
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| SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  |   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE<br>(check only<br>X 11a<br>13 | PAGE 94    | 2  |       |
| Any information copied from such Reports and<br>or for commercial purposes, other than using t<br>NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PA   | he name and a   |   |  |            |  |       |
| Full Name of Individual (Last, First, Middle I<br>A. Godley, Karen, , ,<br>Mailing Address 4714 Gettysburg Rd  | Initial) or Full (  | Drganization Name   | Date of                                | Receipt    | / Y Y<br>2023                                    |       |
| City<br>Mechanicsburg  | State<br>PA   | Zip Code<br>17055   |  |            | A2023-2601816<br>eceipt this Peri                | -     |
| FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ | ID number of contributing<br>ral political committee. e of Employer (for Individual) ct Medical Corporation eipt For: Primary General |   |  | emo Item   | 11   | 15.39 |
| Full Name of Individual (Last, First, Middle I<br><b>B.</b> Godley, Karen, , ,<br>Mailing Address 4714 Gettysburg Rd<br>City<br>Mechanicsburg<br>FEC ID number of contributing<br>federal political committee.       | iling Address 4714 Gettysburg Rd Vechanicsburg C ID number of contributing  |   |  | of Each Re | / 2023<br>2023-2802090<br>eccipt this Peri<br>11 | )     |
| Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Full Name of Individual (Last, First, Middle  | Aggregate   | cupation (for Individual)<br>ecutive<br>Year-to-Date ▼<br>2884.75             |  | emo Item   |  |       |
| C. Godley, Karen, , ,<br>Mailing Address 4714 Gettysburg Rd  |   |   | Date of                                | Receipt    | / Y Y<br>2023                                    |       |
| City<br>Mechanicsburg  | State<br>PA   | Zip Code<br>17055   |  |            | A2023-3025554                                    |       |
| FEC ID number of contributing federal political committee.   | С   |   |  |            | 11   | 15.25 |
| Name of Employer (for Individual)<br>Select Medical Corporation  |   | cupation (for Individual)<br>ecutive  | Me                                     | emo Item   |  |       |
| Receipt For:<br>Primary General<br>Other (specify)   | e Year-to-Date ▼<br>3000.00   |   |  |            |  |       |

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| SCHEDULE A   | (FEC Form 3X) |
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|                               |   |                  | for each category of the<br>Detailed Summary Page              | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$   |  |  |  |  |  |  |  |
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|                               | y information copied from such Reports and State<br>for commercial purposes, other than using the na  |                  |  | erson for the purpose of soliciting contributions  |  |  |  |  |  |  |  |
| $\rangle$                     | NAME OF COMMITTEE (In Full) Select Medical Corporation PAC  |                  |  |  |  |  |  |  |  |  |  |
| Α.                            | Full Name of Individual (Last, First, Middle Initial)<br>Hammerman, Samuel, I, Doctor, I.<br>Mailing Address 6 Windy Drive                                | rganization Name | Date of Receipt  |  |  |  |  |  |  |  |  |
|                               | City<br>Shavertown  | State<br>PA      | Zip Code<br>18708  | Transaction ID : A2023-1633279           Amount of Each Receipt this Period                      |  |  |  |  |  |  |  |
|                               | FEC ID number of contributing federal political committee.  | С                |  | 192.31   |  |  |  |  |  |  |  |
|                               | Name of Employer (for Individual)         Select Medical Corporation         Receipt For:       A         Primary       General         Other (specify) ▼ | Occu<br>Chie     | Memo Item  |  |  |  |  |  |  |  |  |
|                               | Full Name of Individual (Last, First, Middle Initial)<br>Hammerman, Samuel, I, Doctor, I.<br>Mailing Address 6 Windy Drive                                | Date of Receipt  |  |  |  |  |  |  |  |  |  |
|                               | City<br>Shavertown  | State<br>PA      | Zip Code<br>18708  | 07     21     2023       Transaction ID : A2023-1635722       Amount of Each Receipt this Period |  |  |  |  |  |  |  |
|                               | FEC ID number of contributing federal political committee.  | C                |  | 192.31   |  |  |  |  |  |  |  |
|                               | Name of Employer (for Individual)<br>Select Medical Corporation   |                  | upation (for Individual)<br>of Medical Officer                 | Memo Item  |  |  |  |  |  |  |  |
| Boogint For:                  |   |                  | Year-to-Date ▼<br>, 2884.65                                    |  |  |  |  |  |  |  |  |
| C.                            | Full Name of Individual (Last, First, Middle Initial)<br>Hammerman, Samuel, I, Doctor, I.   | or Full Or       | rganization Name   | Date of Receipt  |  |  |  |  |  |  |  |
|                               | Mailing Address 6 Windy Drive   |                  |  | 08 / D D / Y Y Y Y<br>08 / 04 2023   |  |  |  |  |  |  |  |
|                               | City<br>Shavertown  | State<br>PA      | Zip Code<br>18708  | Transaction ID : A2023-1679330           Amount of Each Receipt this Period                      |  |  |  |  |  |  |  |
|                               | FEC ID number of contributing federal political committee.  | Ç (.             |  |  |  |  |  |  |  |  |  |
| Select Medical Corporation Ch |   | Chief            | pation (for Individual)<br>f Medical Officer<br>Year-to-Date ▼ | Memo Item  |  |  |  |  |  |  |  |
|                               | Other (specify)   |                  | 3076.96  |  |  |  |  |  |  |  |  |
| s                             | UBTOTAL of Receipts This Page (optional)  |                  | ••••••   | 576.93   |  |  |  |  |  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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X 11a

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 Α. Hammerman, Samuel, I, Doctor, I. Date of Receipt Mailing Address 6 Windy Drive 2023 18 08 City Zip Code State Transaction ID : A2023-1885006 PA 18708 Shavertown Amount of Each Receipt this Period FEC ID number of contributing С 192.31 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation Chief Medical Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 3269.27 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hammerman, Samuel, I, Doctor, I. Date of Receipt Mailing Address 6 Windy Drive 09 01 2023 City State Zip Code Transaction ID : A2023-1924781 Shavertown PA 18708 Amount of Each Receipt this Period FEC ID number of contributing С 192.31 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Medical Officer Select Medical Corporation Receipt For: Aggregate Year-to-Date ▼ Primarv General 3461.58 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hammerman, Samuel, I, Doctor, I. C. Date of Receipt Mailing Address 6 Windy Drive М 2023 09 15 Transaction ID : A2023-2037000 City State Zip Code PA Shavertown 18708 Amount of Each Receipt this Period FEC ID number of contributing С 192.31 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Chief Medical Officer** Select Medical Corporation Receipt For: Aggregate Year-to-Date ▼ Primary General 3653.89 Other (specify) 576.93 SUBTOTAL of Receipts This Page (optional).....

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PAGE

11c

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| TTEMIZED RECEIPTS     |   |  | for each category of the<br>Detailed Summary Page |                                       |                                    | <b>K</b> 11a    |         | 11b                              | 11c        | 12         |    |  |  |  |  |
|-----------------------|---|--|---|---------------------------------------|------------------------------------|-----------------|---------|----------------------------------|------------|------------|----|--|--|--|--|
|                       | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |  |   |                                       |                                    |                 |         |                                  |            |            |    |  |  |  |  |
|                       | NAME OF COMMITTEE (In Full)   | name allu a  | Juule   | ss of any political committee         | , 10 5                             |                 | JIIII   | JULIONS                          |            |            |    |  |  |  |  |
| $\left \right\rangle$ | Select Medical Corporation PAC  |  |   |                                       |                                    |                 |         |                                  |            |            |    |  |  |  |  |
| Α.                    | Full Name of Individual (Last, First, Middle Initia<br>Hammerman, Samuel, I, Doctor, I.         | al) or Full C  | Drgan   | ization Name                          |                                    | Date of Receipt |         |                                  |            |            |    |  |  |  |  |
|                       | Mailing Address 6 Windy Drive   |  |   |                                       | 09 29 2023                         |                 |         |                                  |            |            |    |  |  |  |  |
|                       | City<br>Shavertown  | State<br>PA  |   | Zip Code<br>18708                     | Transaction ID : A2023-2130265     |                 |         |                                  |            |            |    |  |  |  |  |
|                       | FEC ID number of contributing<br>federal political committee.                                   | C  |   |                                       | Amount of Each Receipt this Period |                 |         |                                  |            |            |    |  |  |  |  |
|                       | Name of Employer (for Individual)<br>Select Medical Corporation                                 |  | •   | on (for Individual)<br>edical Officer |                                    |                 | Лет     | o Item                           | ,          |            |    |  |  |  |  |
|                       | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate  |   |                                       |                                    |                 |         |                                  |            |            |    |  |  |  |  |
| в.                    | Full Name of Individual (Last, First, Middle Initia<br>Hammerman, Samuel, I, Doctor, I.         | al) or Full C  | Drgan   | ization Name                          |                                    | Date            | of R    | eceipt                           |            |            |    |  |  |  |  |
|                       | Mailing Address 6 Windy Drive   |  |   |                                       |                                    |                 |         | 10 / D D / Y Y Y Y<br>10 13 2023 |            |            |    |  |  |  |  |
|                       | City<br>Shavertown  | State<br>PA  | Zip Code<br>18708                                 |                                       |                                    |                 |         | : A2023-2                        |            |            |    |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.                                      |  | Amount of Each Receipt this Period                |                                       |                                    |                 |         |                                  |            |            |    |  |  |  |  |
|                       | Name of Employer (for Individual)<br>Select Medical Corporation                                 | Occupation (for Individual)<br>Chief Medical Officer |   |                                       |                                    |                 |         | o Item                           |            |            |    |  |  |  |  |
|                       | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼<br>4038.51                  |   |                                       |                                    |                 |         |                                  |            |            |    |  |  |  |  |
| <u>с</u> .            | Full Name of Individual (Last, First, Middle Initia<br>Hammerman, Samuel, I, Doctor, I.         | al) or Full C  | Drgan   | ization Name                          |                                    | Date            | of R    | eceipt                           |            |            |    |  |  |  |  |
|                       | Mailing Address 6 Windy Drive   |  |   |                                       |                                    | 10 27 2023      |         |                                  |            |            |    |  |  |  |  |
|                       | City<br>Shavertown  | State<br>PA  |   | Zip Code<br>18708                     |                                    |                 |         |                                  | : A2023-2  |            |    |  |  |  |  |
|                       |   |  | _   | 18708                                 | _                                  | Amou            | nt of   | f Each                           | Receipt th | nis Period |    |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.                                      | С  |   |                                       |                                    | 192.31          |         |                                  |            |            |    |  |  |  |  |
|                       | Name of Employer (for Individual)<br>Select Medical Corporation                                 |  | on (for Individual)<br>dical Officer              |                                       |                                    | Mem             | io Item |                                  |            |            |    |  |  |  |  |
|                       | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate  | -to-Date ▼<br>4230.82                             |                                       |                                    |                 |         |                                  |            |            |    |  |  |  |  |
| s                     | UBTOTAL of Receipts This Page (optional)  |  |   | •                                     | •                                  |                 |         | ,                                | . ,        | 576.       | 93 |  |  |  |  |
| т                     | OTAL This Period (last page this line number o  | nly)   |   |                                       | -                                  |                 |         |                                  |            |            |    |  |  |  |  |

| SCHEDULE A   | (FEC Form | 3X) |
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| ITEMIZED REC | EIPTS     |     |

FOR LINE NUMBER: PAGE 98 OF

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| TIEMIZED RECEIPTS   |  | for each category of the<br>Detailed Summary Page    |                               | 11a                                |      | 11b    | 11c          | 12         | 17     |  |  |  |  |  |
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| Any information copied from such Repo<br>or for commercial purposes, other than |  |  |                               | for the                            |      | pose o | f soliciting | g contribu | utions |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |  |  |                               |                                    |      |        |              |            |        |  |  |  |  |  |
| Select Medical Corporation  | on PAC   |  |                               |                                    |      |        |              |            |        |  |  |  |  |  |
| Full Name of Individual (Last, First, I<br>A. Hammerman, Samuel, I, Doctor,     |  | rganization Name                                     |                               | Date of                            | f Re | eceipt |              |            |        |  |  |  |  |  |
| Mailing Address 6 Windy Drive   |  |  | 11 / D D / Y Y Y Y<br>10 2023 |                                    |      |        |              |            |        |  |  |  |  |  |
| City<br>Shavertown  | State<br>PA  | Zip Code<br>18708                                    |                               | Transaction ID : A2023-2465132     |      |        |              |            |        |  |  |  |  |  |
|   | 17   | 10700  |                               | Amount of Each Receipt this Period |      |        |              |            |        |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                      | C  |  |                               |                                    |      | 192.31 |              |            |        |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation                 |  | Occupation (for Individual)<br>Chief Medical Officer |                               |                                    |      |        |              |            |        |  |  |  |  |  |
| Receipt For:  | Aggregate  | Year-to-Date ▼                                       |                               |                                    |      |        |              |            |        |  |  |  |  |  |
| Primary General   | , iggi oguto   |  | 11.                           |                                    |      |        |              |            |        |  |  |  |  |  |
| Other (specify)   |  | 4423.13  |                               |                                    |      |        |              |            |        |  |  |  |  |  |
| Full Name of Individual (Last, First, I<br>B. Hammerman, Samuel, I, Docto       |  | Date of  | f Re                          | eceipt                             |      |        |              |            |        |  |  |  |  |  |
| Mailing Address 6 Windy Drive   | Mailing Address 6 Windy Drive  |  |                               |                                    |      |        | 11 24 2023   |            |        |  |  |  |  |  |
| City  | State  | Zip Code   |                               | Trans                              | act  | ion ID | : A2023-2    | 2587539    |        |  |  |  |  |  |
| Shavertown  | PA   | 18708  |                               |                                    |      |        | Receipt th   |            | 1      |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                      | ů – Elektrik – Elektri |  |                               |                                    |      |        |              | 192.31     |        |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation                 | Occ<br>Chi   |  | Memo Item                     |                                    |      |        |              |            |        |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            | eipt For:<br>Primary General Aggregate Year-to-Date ▼  |  |                               |                                    |      |        |              |            |        |  |  |  |  |  |
| Full Name of Individual (Last, First, I<br>C. Hammerman, Samuel, I, Doc         |  | rganization Name                                     |                               | Date of                            | f Re | eceipt |              |            |        |  |  |  |  |  |
| Mailing Address 6 Windy Drive   |  |  |                               | Date of Receipt<br>12 08 2023      |      |        |              |            |        |  |  |  |  |  |
| City  | State  | Zip Code   |                               | Trans                              | sact | ion ID | : A2023-2    | 2726374    |        |  |  |  |  |  |
| Shavertown  | PA   | 18708  | '                             | Amoun                              | t of | Each   | Receipt th   | nis Perioc | 1      |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                      | C  |  |                               | 192.31                             |      |        |              |            |        |  |  |  |  |  |
| Name of Employer (for Individual)   | Occi   | upation (for Individual)                             |                               | М                                  | emo  | b Item |              |            |        |  |  |  |  |  |
| Select Medical Corporation  | Chie   | f Medical Officer                                    |                               |                                    |      |        |              |            |        |  |  |  |  |  |
| Receipt For:  | Aggregate  | Year-to-Date 🔻                                       |                               |                                    |      |        |              |            |        |  |  |  |  |  |
| Primary General<br>Other (specify)  |  | 4807.75  | 1                             |                                    |      |        |              |            |        |  |  |  |  |  |
|   |  |  |                               |                                    |      |        |              |            |        |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (op  | tional)  |  | •                             |                                    |      | y 1    | . ,          | 576.       | .93    |  |  |  |  |  |
| TOTAL This Period (last page this line  | number only)   |  | •                             |                                    |      |        |              |            |        |  |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

FOR LINE NUMBER:

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| TIEMIZED RECEIPTS |   |  | for each category of the<br>Detailed Summary Page |                                    | <b>X</b> 11a    |         | 11b       | 11c        | 12        |       |    |  |  |  |
|-------------------|---|--|---|------------------------------------|-----------------|---------|-----------|------------|-----------|-------|----|--|--|--|
| <u> </u>          |   |  |   |                                    | 13              |         | 14        | 15         | 16        |       | 17 |  |  |  |
|                   | ny information copied from such Reports and St<br>for commercial purposes, other than using the |  |   |                                    |                 |         |           |            |           |       |    |  |  |  |
| $\backslash$      | NAME OF COMMITTEE (In Full)   |  |   |                                    |                 |         |           |            |           |       |    |  |  |  |
|                   | Select Medical Corporation PAC  | )  |   |                                    |                 |         |           |            |           |       |    |  |  |  |
| Α.                | Full Name of Individual (Last, First, Middle Init<br>Hammerman, Samuel, I, Doctor, I.           | ial) or Full C                                   | Organization Name                                 |                                    | Date of Receipt |         |           |            |           |       |    |  |  |  |
|                   | Mailing Address 6 Windy Drive   |  |   | 12 22 2023                         |                 |         |           |            |           |       |    |  |  |  |
|                   | City  | State  |   | Tran                               | sac             | tion ID | : A2023-2 | 2802139    | <u>)</u>  |       |    |  |  |  |
|                   | Shavertown  | PA   | 18708   | Amount of Each Receipt this Period |                 |         |           |            |           |       |    |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                      | С  |   | 192.25                             |                 |         |           |            |           |       |    |  |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                                 |  | upation (for Individual)<br>ef Medical Officer    |                                    | N               | 1em     | o Item    |            |           |       |    |  |  |  |
|                   | Receipt For:  | Aggregate  | Year-to-Date V                                    |                                    |                 |         |           |            |           |       |    |  |  |  |
|                   | Primary General<br>Other (specify) ▼  |  | 5000.00   |                                    |                 |         |           |            |           |       |    |  |  |  |
| _                 |   |  |   |                                    |                 |         |           |            |           |       |    |  |  |  |
| в.                | Full Name of Individual (Last, First, Middle Init<br>Hedeman, Robin, , Ms.,                     | ial) or Full C                                   | Organization Name                                 | Date of Receipt                    |                 |         |           |            |           |       |    |  |  |  |
|                   | Mailing Address 15 W Main St PO 194   |  | 07 07 2023  |                                    |                 |         |           |            |           |       |    |  |  |  |
|                   | City  | State  | Zip Code  |                                    | Tran            | sact    | ion ID    | : A2023-1  | 633259    | )     |    |  |  |  |
|                   | Brookside   | NJ   | 07926   |                                    | Amour           | nt of   | Each      | Receipt th | nis Perie | od    |    |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                      |  | <u> </u>  |                                    |                 |         | 1         | 9.24       | 1         |       |    |  |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                                 | I) Occupation (for Individual)<br>Vice President |   |                                    |                 |         |           | Memo Item  |           |       |    |  |  |  |
|                   | Receipt For:  | Aggregate  |   |                                    |                 |         |           |            |           |       |    |  |  |  |
|                   | Primary General<br>Other (specify) ▼  |  | , 269.36  |                                    |                 |         |           |            |           |       |    |  |  |  |
| <u> </u>          | Full Name of Individual (Last, First, Middle Init<br>Hedeman, Robin, , Ms.,                     | ial) or Full C                                   | Organization Name                                 |                                    | Date of         | of R    | eceipt    |            |           |       |    |  |  |  |
|                   | Mailing Address 15 W Main St PO 194   |  |   |                                    | 07 21 2023      |         |           |            |           |       |    |  |  |  |
|                   | City  | State  | Zip Code  |                                    | Tran            | sac     | tion ID   | : A2023-1  | 635702    | 2     |    |  |  |  |
|                   | Brookside   | NJ   | 07926   |                                    | Amour           | nt of   | Each      | Receipt th | nis Perie | od    |    |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                      | С  |   |                                    | 19.24           |         |           |            |           |       |    |  |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                                 | Occ<br>Vice                                      |   | Memo Item                          |                 |         |           |            |           |       |    |  |  |  |
|                   | Receipt For:  | Aggregate  | -   |                                    |                 |         |           |            |           |       |    |  |  |  |
|                   | Primary General   | Aggregate  |   |                                    |                 |         |           |            |           |       |    |  |  |  |
|                   | Other (specify)   |  |   |                                    |                 |         |           |            |           |       |    |  |  |  |
| s                 | UBTOTAL of Receipts This Page (optional)  |  | •   |                                    |                 |         | ,         | . ,        | 23        | 80.73 | 3  |  |  |  |
| Т                 | OTAL This Period (last page this line number of   | only)  | •   |                                    | Γ.              |         |           |            |           | -     |    |  |  |  |

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

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|                   |  |  | Use separate schedule(s) |                                  |      |  | (check only one) |        |        |                |          |                 |    |  |  |
|-------------------|--|--|--------------------------|----------------------------------|------|--|------------------|--------|--------|----------------|----------|-----------------|----|--|--|
| ITEMIZED RECEIPTS |  | for each category of the<br>Detailed Summary Page  |                          |                                  |      | <b>X</b> 11a   |                  | 11b    |        | 11c            |          | 12              |    |  |  |
| ۸.                | ny information copied from such Reports and St                               | atemente mo  |                          | not be sold or used by any n     | area | 13   |                  | 14     |        | 15<br>diciting |          | 16<br>tributi   | 17 |  |  |
|                   | for commercial purposes, other than using the                                |  |                          |                                  |      |  |                  |        |        |                |          |                 |    |  |  |
| $\left[ \right]$  | NAME OF COMMITTEE (In Full)  |  |                          |                                  |      |  |                  |        |        |                |          |                 |    |  |  |
|                   | Select Medical Corporation PAC   | )  |                          |                                  |      |  |                  |        |        |                |          |                 |    |  |  |
| Α.                | Full Name of Individual (Last, First, Middle Initi<br>Hedeman, Robin, , Ms., | ial) or Full O   | rga                      | nization Name                    |      | Date of Receipt  |                  |        |        |                |          |                 |    |  |  |
|                   | Mailing Address 15 W Main St PO 194  |  |                          |                                  |      |  |                  |        |        |                |          |                 |    |  |  |
|                   |  |  |                          |                                  |      | 08 04 2023   |                  |        |        |                |          |                 |    |  |  |
|                   | City<br>Brookside  | State<br>NJ  |                          | Zip Code<br>07926                | -    | Transaction ID : A2023-1679310<br>Amount of Each Receipt this Period |                  |        |        |                |          |                 |    |  |  |
|                   | FEC ID number of contributing  | _  | -                        | 01020                            |      | Amount   | to t             | Each   | Rec    | eipt th        | nis Pe   |                 | -  |  |  |
|                   | federal political committee.   | С  |                          |                                  |      | <u> </u>   | _                |        | _      | -17            |          | 19.2            | 4  |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation              |  |                          | tion (for Individual)<br>esident |      | Me   | emo              | Item   |        |                |          |                 |    |  |  |
|                   | Receipt For:   |  |                          | ar-to-Date V                     | _    |  |                  |        |        |                |          |                 |    |  |  |
|                   | Primary General  | Ayyreyale  | 160                      | 307.84                           | ı İ. |  |                  |        |        |                |          |                 |    |  |  |
|                   | Other (specify) V  | L  | I.                       |                                  |      |  |                  |        |        |                |          |                 |    |  |  |
| в.                |  | Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Jeman, Robin, , Ms., |                          |                                  |      |  |                  | ceipt  |        |                |          |                 |    |  |  |
|                   | Mailing Address 15 W Main St PO 194  |  |                          |                                  |      |  | /                | 18     | D<br>8 | / Y            | Y<br>202 | 23              | r  |  |  |
|                   | City   | State Zip Code   |                          |                                  |      | Transaction ID : A2023-1884986                                       |                  |        |        |                |          |                 |    |  |  |
|                   | Brookside  | NJ   |                          | 07926                            |      | Amount   |                  |        |        |                |          |                 |    |  |  |
|                   | FEC ID number of contributing federal political committee.                   | С  |                          |                                  |      | 19   |                  |        |        | 19.2           | 4        |                 |    |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation              | Occupation (for Individual)<br>Vice President  |                          |                                  |      | Memo Item  |                  |        |        |                |          |                 |    |  |  |
|                   | Receipt For:   | Aggregate  | Yea                      | ar-to-Date V                     |      |  |                  |        |        |                |          |                 |    |  |  |
|                   | Primary     General       Other (specify) ▼                                  |  |                          |                                  |      |  |                  |        |        |                |          |                 |    |  |  |
| <u>с</u> .        | Full Name of Individual (Last, First, Middle Initi<br>Hedeman, Robin, , Ms., | ial) or Full O   | rga                      | nization Name                    |      | Date of  | Re               | ceipt  |        |                |          |                 |    |  |  |
|                   | Mailing Address 15 W Main St PO 194  |  |                          |                                  |      | 09   | 1                | D 0    |        | / Y            | 202      | 23 <sup>°</sup> | Ŷ  |  |  |
|                   | City   | State  |                          | Zip Code                         |      | Trans  | act              | ion ID | : A    | 2023-1         | 9247     | 61              |    |  |  |
|                   | Brookside  | NJ   |                          | 07926                            |      | Amount   | of               | Each   | Rec    | eipt th        | nis Pe   | eriod           |    |  |  |
|                   | FEC ID number of contributing federal political committee.                   | С  |                          |                                  |      |  |                  | ,      |        | 9              |          | 19.2            | 4  |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation              |  |                          | tion (for Individual)<br>esident |      | M  | emc              | Item   |        |                |          |                 |    |  |  |
|                   | Receipt For:   | Aggregate  | Yea                      | ar-to-Date 🔻                     |      |  |                  |        |        |                |          |                 |    |  |  |
|                   | Primary General  |  |                          | 346.32                           |      |  |                  |        |        |                |          |                 |    |  |  |
|                   | Other (specify)  |  |                          |                                  |      |  |                  |        |        |                |          |                 |    |  |  |
| 5                 | UBTOTAL of Receipts This Page (optional)                                     |  |                          |                                  |      | _  |                  | ,      |        | 9              |          | 57.72           | 2  |  |  |

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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

FOR LINE NUMBER:

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|   | for each category of the<br>Detailed Summary Page                 |  |   | <b>〈</b> 11a |           | 11b             | 11c    | 12  |     |    |
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| Any information copied from such Reports and<br>or for commercial purposes, other than using t  |   |  |   |              |           |                 |        |   |     |    |
| NAME OF COMMITTEE (In Full) Select Medical Corporation P  |   |  |   |              |           |                 |        |   |     |    |
| Full Name of Individual (Last, First, Middle         Hedeman, Robin, , Ms.,         Mailing Address 15 W Main St PO 194         City         Brookside         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ | Zip Code<br>07926<br>upation (for In<br>President<br>Year-to-Date | dividual)                                    |   | Amoun        | sacti     | 15<br>ion ID :  |        | 2023<br>2036979<br>nis Period<br>19.        |     |    |
| B. Full Name of Individual (Last, First, Middle<br>Hedeman, Robin, , Ms.,<br>Mailing Address 15 W Main St PO 194<br>City<br>Brookside<br>FEC ID number of contributing  | Zip Code<br>07926   |  |   |              | /<br>acti | 29<br>on ID : / |        | 2023<br>1 <b>30244</b><br>nis Period<br>19. |     |    |
| FEC ID number of contributing federal political committee.     C       Name of Employer (for Individual)     Occupation (for Individual)       Select Medical Corporation     Vice President       Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify) ▼     384.80   |   |  |   |              |           | emo             | ) Item | 1 490                                       |     |    |
| C. Full Name of Individual (Last, First, Middle<br>Hedeman, Robin, , Ms.,<br>Mailing Address 15 W Main St PO 194  | Zip Code  |  |   | Date o       | 1         | 13              | J L    | 2023<br>2 <b>294506</b>                     | Y   |    |
| Brookside         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify)  | Vice  | upation (for In<br>President<br>Year-to-Date | ] | Amoun        | t of      |                 |        | nis Period                                  | 24  |    |
| SUBTOTAL of Receipts This Page (optional).<br>TOTAL This Period (last page this line number   |   |  |   | •<br>-       |           |                 | ,      | ,   | 57. | 72 |

| SCHEDULE A   | (FEC Form 3X) |
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|                   | EMIZED RECEIPTS  |                                     | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |
|-------------------|--|-------------------------------------|---|---|--|--|--|--|--|--|
|                   | y information copied from such Reports and S<br>for commercial purposes, other than using the                        |                                     |   | person for the purpose of soliciting contributions<br>e to solicit contributions from such committee.     |  |  |  |  |  |  |
| $\left[ \right]$  | NAME OF COMMITTEE (In Full)  |                                     |   |   |  |  |  |  |  |  |
| $\langle \rangle$ | Select Medical Corporation PAG   | C                                   |   |   |  |  |  |  |  |  |
| Α.                | Full Name of Individual (Last, First, Middle Ini<br>Hollenbach, John, T, Mr.,<br>Mailing Address 3607 Weymouth Drive | tial) or Full O                     | ganization Name                                   | Date of Receipt   |  |  |  |  |  |  |
|                   |  |                                     |   | 07 07 2023  |  |  |  |  |  |  |
|                   | City   | State                               | Zip Code  | Transaction ID : A2023-1633278  |  |  |  |  |  |  |
|                   | Mechanicsburg  | PA                                  | 17050   | Amount of Each Receipt this Period  |  |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.   | С                                   |   | 192.31  |  |  |  |  |  |  |
|                   | Name of Employer (for Individual)  | Occu                                | pation (for Individual)                           | Memo Item   |  |  |  |  |  |  |
|                   | Select Medical Corporation   | Vice                                | President   |   |  |  |  |  |  |  |
|                   | Receipt For:   | Aggregate                           | Year-to-Date 🔻                                    |   |  |  |  |  |  |  |
|                   | Primary General  | 55 - 5                              |   | 1   |  |  |  |  |  |  |
|                   | Other (specify) <b>v</b>   |                                     | 2692.34   |   |  |  |  |  |  |  |
| в.                | Full Name of Individual (Last, First, Middle Ini<br>Hollenbach, John, T, Mr.,  | tial) or Full O                     | ganization Name                                   | Date of Receipt   |  |  |  |  |  |  |
|                   | Mailing Address 3607 Weymouth Drive  | M M / D D / Y Y Y Y Y<br>07 21 2023 |   |   |  |  |  |  |  |  |
|                   | City   | State                               | Zip Code  | Transaction ID : A2023-1635721  |  |  |  |  |  |  |
|                   | Mechanicsburg  | PA                                  | 17050   | Amount of Each Receipt this Period  |  |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.   | С                                   |   | 192.31<br>Memo Item   |  |  |  |  |  |  |
|                   | Name of Employer (for Individual)  | Осси                                | pation (for Individual)                           |   |  |  |  |  |  |  |
|                   | Select Medical Corporation   | Vice                                | President   |   |  |  |  |  |  |  |
|                   | Receipt For:   | Aggregate                           | Year-to-Date 🔻                                    |   |  |  |  |  |  |  |
|                   | Primary General  | 55 - 5                              |   | 1   |  |  |  |  |  |  |
|                   | Other (specify) <b>v</b>   |                                     | 2884.65   | 1   |  |  |  |  |  |  |
| с.                | Full Name of Individual (Last, First, Middle Ini<br>Hollenbach, John, T, Mr.,  | Date of Receipt                     |   |   |  |  |  |  |  |  |
|                   | Mailing Address 3607 Weymouth Drive  |                                     |   | 08 04 YYYYY<br>08 04 2023   |  |  |  |  |  |  |
|                   | City   | State                               | Zip Code  | Transaction ID : A2023-1679329  |  |  |  |  |  |  |
|                   | Mechanicsburg  | PA                                  | 17050   | Amount of Each Receipt this Period  |  |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.   | С                                   |   | 192.31  |  |  |  |  |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation  |                                     | pation (for Individual)<br>President              | Memo Item   |  |  |  |  |  |  |
|                   | Receipt For:   | Aggregate                           | Year-to-Date 🔻                                    |   |  |  |  |  |  |  |
|                   | Primary General<br>Other (specify)   |                                     | ]   |   |  |  |  |  |  |  |
| s                 | UBTOTAL of Receipts This Page (optional)   |                                     | •   | 576.93  |  |  |  |  |  |  |
| Ľ                 |  |                                     |   |   |  |  |  |  |  |  |

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| ITEMIZED REC | EIPTS | 5    |     |

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|  |                        | Use separate schedule(s)                          | (check only one)   |  |  |  |  |  |  |  |  |
|--|------------------------|---|--|--|--|--|--|--|--|--|--|
| ITEMIZED RECEIPTS  |                        | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         1 |  |  |  |  |  |  |  |  |
|  |                        |   | person for the purpose of soliciting contributions ee to solicit contributions from such committee.      |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  | -                      |   |  |  |  |  |  |  |  |  |  |
| Select Medical Corporation   | PAC                    |   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>A. Hollenbach, John, T, Mr., | lle Initial) or Full C | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |
| Mailing Address 3607 Weymouth Drive  |                        |   | 08 18 2023   |  |  |  |  |  |  |  |  |
| City<br>Mechanicsburg  | State<br>PA            | Zip Code<br>17050                                 | Transaction ID : A2023-1885005<br>Amount of Each Receipt this Period                                     |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | C                      |   | 192.31   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation            |                        | upation (for Individual)<br>President             | Memo Item  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate              | Year-to-Date ▼<br>3269.27                         |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>B. Hollenbach, John, T, Mr., | lle Initial) or Full C | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |
| Mailing Address 3607 Weymouth Drive  |                        |   | M = M         /         D = D         /         Y = Y = Y         Y           09         01         2023 |  |  |  |  |  |  |  |  |
| City   | State                  | Zip Code  | Transaction ID : A2023-1924780   |  |  |  |  |  |  |  |  |
| Mechanicsburg  | PA                     | 17050   | Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | С                      |   | 192.31 Memo Item   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation            |                        | upation (for Individual)<br>e President           |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate              | Year-to-Date ▼<br>3461.58                         | ]  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>C. Hollenbach, John, T, Mr., | lle Initial) or Full C | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |
| Mailing Address 3607 Weymouth Drive  |                        |   | 09 / D D / Y Y Y Y<br>2023   |  |  |  |  |  |  |  |  |
| City<br>Mechanicsburg  | State<br>PA            | Zip Code<br>17050                                 | Transaction ID : A2023-2036999           Amount of Each Receipt this Period                              |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                 | C                      |   | 192.31   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation            |                        | upation (for Individual)<br>President             | Memo Item  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                         | Aggregate              | Year-to-Date ▼<br>3653.89                         | ]  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optiona                                    | al)                    |   | 576.93   |  |  |  |  |  |  |  |  |

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| SCHEDULE A   | (FEC Form 3X) |  |
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| ITEMIZED REC | EIPTS         |  |

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|                                   | EMIZED RECEIPTS   |                 | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |  |
|-----------------------------------|---|-----------------|---|---|--|--|--|--|--|--|--|--|--|
|                                   | y information copied from such Reports and S for commercial purposes, other than using the                            |                 |   | erson for the purpose of soliciting contributions   |  |  |  |  |  |  |  |  |  |
| $\left[ \right]$                  | NAME OF COMMITTEE (In Full)   |                 |   |   |  |  |  |  |  |  |  |  |  |
|                                   | Select Medical Corporation PAG  | 2               |   |   |  |  |  |  |  |  |  |  |  |
| Α.                                | Full Name of Individual (Last, First, Middle Init<br>Hollenbach, John, T, Mr.,<br>Mailing Address 3607 Weymouth Drive | tial) or Full C | organization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |  |  |
|                                   |   |                 | 7.0.1   | 09 29 2023  |  |  |  |  |  |  |  |  |  |
|                                   | City<br>Mechanicsburg   | State<br>PA     | Zip Code<br>17050                                 | Transaction ID : A2023-2130264  |  |  |  |  |  |  |  |  |  |
|                                   |   |                 | 17030   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
|                                   | FEC ID number of contributing federal political committee.  | С               |   | 192.31  |  |  |  |  |  |  |  |  |  |
|                                   | Name of Employer (for Individual)   | Occ             | upation (for Individual)                          | Memo Item   |  |  |  |  |  |  |  |  |  |
|                                   | Select Medical Corporation  | Vice            | e President                                       |   |  |  |  |  |  |  |  |  |  |
|                                   | Receipt For:  | Aggregate       | Year-to-Date V                                    |   |  |  |  |  |  |  |  |  |  |
|                                   | Primary General   | 33 - 3          |   | 1   |  |  |  |  |  |  |  |  |  |
|                                   | Other (specify) <b>v</b>  | L               | 3846.20   |   |  |  |  |  |  |  |  |  |  |
| В.                                | Full Name of Individual (Last, First, Middle Init<br>Hollenbach, John, T, Mr.,  | tial) or Full C | organization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |  |  |
|                                   | Mailing Address 3607 Weymouth Drive   |                 |   | 10 13 2023  |  |  |  |  |  |  |  |  |  |
|                                   | City  | State           | Zip Code  | Transaction ID : A2023-2294526  |  |  |  |  |  |  |  |  |  |
|                                   | Mechanicsburg   | PA              | 17050   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
|                                   | FEC ID number of contributing federal political committee.  | С               |   | 192.31  |  |  |  |  |  |  |  |  |  |
|                                   | Name of Employer (for Individual)<br>Select Medical Corporation   |                 | upation (for Individual)<br>e President           | Memo Item   |  |  |  |  |  |  |  |  |  |
|                                   | Receipt For:  |                 |   |   |  |  |  |  |  |  |  |  |  |
|                                   | Primary General   | Ayyreyale       | Year-to-Date ▼                                    |   |  |  |  |  |  |  |  |  |  |
|                                   | Other (specify) V   | L               | 4038.51   | ]   |  |  |  |  |  |  |  |  |  |
| с.                                | Full Name of Individual (Last, First, Middle Init<br>Hollenbach, John, T, Mr.,  | tial) or Full C | organization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |  |  |
|                                   | Mailing Address 3607 Weymouth Drive   |                 |   | 10 / Y Y Y Y<br>27 2023   |  |  |  |  |  |  |  |  |  |
|                                   | City  | State           | Zip Code  | Transaction ID : A2023-2353871  |  |  |  |  |  |  |  |  |  |
|                                   | Mechanicsburg   | PA              | 17050   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
|                                   | FEC ID number of contributing federal political committee.  | С               |   | 192.31  |  |  |  |  |  |  |  |  |  |
| Select Medical Corporation Vice F |   |                 | upation (for Individual)<br>President             | Memo Item   |  |  |  |  |  |  |  |  |  |
|                                   |   |                 | Year-to-Date ▼                                    | -   |  |  |  |  |  |  |  |  |  |
|                                   | Primary General<br>Other (specify)  |                 | 4230.82   | ]   |  |  |  |  |  |  |  |  |  |
| s                                 | UBTOTAL of Receipts This Page (optional)  |                 | ••••••  | 576.93  |  |  |  |  |  |  |  |  |  |

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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED RECEIPTS   |                            | for each category of the<br>Detailed Summary Page                     | X 11a 11b 11c 12<br>13 14 15 16 17                                   |  |  |  |  |  |  |  |  |  |
|---|----------------------------|---|--|--|--|--|--|--|--|--|--|--|
| Any information copied from such Reports and S<br>or for commercial purposes, other than using the                      | tatements ma<br>name and a | ay not be sold or used by any pe<br>ddress of any political committee | erson for the purpose of soliciting contributions                    |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full) Select Medical Corporation PAC  | C                          |   |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Ini<br>A. Hollenbach, John, T, Mr.,<br>Mailing Address 3607 Weymouth Drive | tial) or Full O            | rganization Name  | Date of Receipt  |  |  |  |  |  |  |  |  |  |
| City<br>Mechanicsburg   | State<br>PA                | Zip Code<br>17050   | 11         10         2023           Transaction ID : A2023-2465131  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С                          |   | Amount of Each Receipt this Period                                   |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation   |                            | upation (for Individual)<br>President                                 | Memo Item  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                  | Year-to-Date ▼<br>4423.13   |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Ini<br>Hollenbach, John, T, Mr.,<br>Mailing Address 3607 Weymouth Drive    | tial) or Full O            | rganization Name  | Date of Receipt  |  |  |  |  |  |  |  |  |  |
| City<br>Mechanicsburg   | State<br>PA                | Zip Code<br>17050   | Transaction ID : A2023-2587538<br>Amount of Each Receipt this Period |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С                          |   | 192.31   |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation   |                            | upation (for Individual)<br>e President                               | Memo Item  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                  | Year-to-Date ▼<br>4615.44   |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Ini<br><b>Hollenbach, John, T, Mr.</b> ,                                   | tial) or Full O            | rganization Name  | Date of Receipt  |  |  |  |  |  |  |  |  |  |
| Mailing Address 3607 Weymouth Drive   | State                      | Zip Code  | 12 08 2023<br>Transaction ID : A2023-2726373                         |  |  |  |  |  |  |  |  |  |
| Mechanicsburg   | PA                         | 17050   | Amount of Each Receipt this Period                                   |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С                          |   | 192.31   |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:   | Vice                       | upation (for Individual)<br>President<br>Year-to-Date ▼               | Memo Item  |  |  |  |  |  |  |  |  |  |
| Other (specify)   |                            | 4807.75   |  |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   |                            | •   | 576.93   |  |  |  |  |  |  |  |  |  |

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| ITEMIZED RECEIPTS  |  | for each category of the<br>Detailed Summary Page  | X         11a         11b         11c         12           13         14         15         16         17  |
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| or for commercial purposes, other than using   |  |  | erson for the purpose of soliciting contributions<br>to solicit contributions from such committee.   |
| NAME OF COMMITTEE (In Full) Select Medical Corporation F   | PAC  |  |  |
| Full Name of Individual (Last, First, Middle         Hollenbach, John, T, Mr.,         Mailing Address 3607 Weymouth Drive         City         Mechanicsburg         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ | State<br>PA<br>C<br>Occ<br>Vice<br>Aggregate | Zip Code<br>17050<br>upation (for Individual)<br>e President<br>Year-to-Date V<br>5000.00            | Date of Receipt          12       22       2023         Transaction ID : A2023-2802138         Amount of Each Receipt this Period         192.25         Memo Item |
| Full Name of Individual (Last, First, Middle Jackson, Martin, F, Mr.,         Mailing Address 116 Ellesmere Lane         City         Mechanicsburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼                   | State<br>PA<br>C<br>Occ<br>Exe               | Zip Code<br>17055<br>upation (for Individual)<br>ecutive Vice President<br>Year-to-Date ▼<br>2692.34 | Date of Receipt  |
| Full Name of Individual (Last, First, Middle Jackson, Martin, F, Mr.,         Mailing Address 116 Ellesmere Lane         City         Mechanicsburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify)                     | State<br>PA<br>C<br>Occ<br>Exe               | Zip Code<br>17055<br>upation (for Individual)<br>cutive Vice President<br>Year-to-Date ▼<br>2884.65  | Date of Receipt<br>07 21 2023<br>Transaction ID : A2023-1635682<br>Amount of Each Receipt this Period<br>192.31<br>Memo Item                                       |
| SUBTOTAL of Receipts This Page (optiona  |  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| ITEMIZED RECEIPTS            |   |             |                         | or each category of the<br>Detailed Summary Page           |   | 11a   |      |     | 11b<br>14 |  | 11c<br>15          |  | 12<br>16 | 17    |  |  |
|------------------------------|---|-------------|-------------------------|--|---|---|------|-----|-----------|--|--------------------|--|----------|-------|--|--|
|                              | y information copied from such Reports and State<br>for commercial purposes, other than using the na                    |             |                         |  |   | or the  |      | rpo | ose of    |  | oliciting          |  | ntribu   | tions |  |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PAC   |             |                         |  |   |   |      |     |           |  |                    |  |          |       |  |  |
| A.                           | Full Name of Individual (Last, First, Middle Initial)<br>Jackson, Martin, F, Mr.,<br>Mailing Address 116 Ellesmere Lane |             | rgar                    |  | Date of Receipt<br>08 / 04 / 2023<br>Transaction ID : A2023-1679290 |   |      |     |           |  |                    |  |          |       |  |  |
|                              | City<br>Mechanicsburg   | State<br>PA |                         | Zip Code<br>17055  | Amount of Each Receipt this Period                                  |   |      |     |           |  |                    |  |          |       |  |  |
|                              |   | С           | ï                       |  | Amount of Each Receipt this Period                                  |   |      |     |           |  |                    |  |          |       |  |  |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:   | Exe         | cutiv                   | tion (for Individual)<br>ve Vice President<br>ır-to-Date ▼ | Memo Item   |   |      |     |           |  |                    |  |          |       |  |  |
|                              | Primary   General     Other (specify) ▼   |             | -<br>-                  | 3076.96  |   |   |      |     |           |  |                    |  |          |       |  |  |
| в.                           | Full Name of Individual (Last, First, Middle Initial)<br>Jackson, Martin, F, Mr.,                                       | or Full O   | rgai                    | nization Name  |   | Date  | of R | lec | eipt      |  |                    |  |          |       |  |  |
|                              | Mailing Address 116 Ellesmere Lane  |             |                         |  |   | M         M         /         D         D         /         Y |      |     |           |  |                    |  |          |       |  |  |
|                              | City<br>Mechanicsburg   | State<br>PA |                         | Zip Code<br>17055  |   | Transaction ID : A2023-1884966<br>Amount of Each Receipt this Period  |      |     |           |  |                    |  |          |       |  |  |
|                              | FEC ID number of contributing federal political committee.  | С           |                         |  | 192.31  |   |      |     |           |  |                    |  |          |       |  |  |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation   |             | •                       | tion (for Individual)<br>ve Vice President                 |   | Memo Item   |      |     |           |  |                    |  |          |       |  |  |
|                              | Receipt For:       A         Primary       General         Other (specify) ▼  | Yea         | ur-to-Date ▼<br>3269.27 |  |   |   |      |     |           |  |                    |  |          |       |  |  |
| с.                           | Full Name of Individual (Last, First, Middle Initial)<br>Jackson, Martin, F, Mr.,                                       | or Full O   | rgai                    | nization Name  |   | Date  | of R | lec | eipt      |  |                    |  |          |       |  |  |
|                              | Mailing Address 116 Ellesmere Lane  |             |                         |  |   | <sup>™</sup> 09   |      | /   | D<br>01   |  | / Y                |  | 23       | Y     |  |  |
|                              | City<br>Mechanicsburg   | State<br>PA |                         | Zip Code<br>17055  |   |   |      |     |           |  | 2023-1<br>ceipt th |  |          |       |  |  |
|                              | FEC ID number of contributing federal political committee.  | С           |                         |  |   | Amou  |      | ,   |           |  | ,                  |  | 192.     | 31    |  |  |
|                              |   |             | cutiv                   | tion (for Individual)<br>ve Vice President                 |   | Memo Item   |      |     |           |  |                    |  |          |       |  |  |
|                              | Primary General<br>Other (specify)  | ggregate    | Yea                     | ur-to-Date ▼<br>3461.58                                    |   |   |      |     |           |  |                    |  |          |       |  |  |
| s                            | UBTOTAL of Receipts This Page (optional)  |             |                         | •  |   |   |      | ,   |           |  | y                  |  | 576.     | 93    |  |  |
| т                            | OTAL This Period (last page this line number only   | /)          |                         | •  |   |   |      |     |           |  | -,-                |  |          |       |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|                              | EMIZED RECEIPTS   |              | for each categ<br>Detailed Sumr                               |         |  | -  |                  | 11b   | 11c                  | 12     |     |  |  |  |  |
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|                              | y information copied from such Reports and State<br>for commercial purposes, other than using the na  |              |   |         |  |  |                  |       |                      |        |     |  |  |  |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PAC   |              |   |         |  |  |                  |       |                      |        |     |  |  |  |  |
| A.                           | Full Name of Individual (Last, First, Middle Initial)<br>Jackson, Martin, F, Mr.,<br>Mailing Address 116 Ellesmere Lane                             | ) or Full Or | rganization Name  |         | Date of Receipt  |  |                  |       |                      |        |     |  |  |  |  |
|                              | City<br>Mechanicsburg   | State<br>PA  | Zip Code<br>17055   |         |  | Transaction ID : A2023-2036959<br>Amount of Each Receipt this Period |                  |       |                      |        |     |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.  | С            |   |         | 192.31   |  |                  |       |                      |        |     |  |  |  |  |
|                              | Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary         General         Other (specify) ▼ | Exec         | upation (for Individ<br>cutive Vice Presid<br>Year-to-Date ▼  | ,       |  | M  | emo              | Item  |                      |        |     |  |  |  |  |
| В.                           | Full Name of Individual (Last, First, Middle Initial)<br>Jackson, Martin, F, Mr.,<br>Mailing Address 116 Ellesmere Lane                             | ) or Full Or | rganization Name  |         |  | Date of  | <sup>:</sup> Red | D D   | / Y                  | 2022   | Y   |  |  |  |  |
|                              | City<br>Mechanicsburg   | State<br>PA  | Zip Code<br>17055   |         | 09     29     2023       Transaction ID : A2023-2130224       Amount of Each Receipt this Period |  |                  |       |                      |        |     |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.  | С            |   |         | 192.31   |  |                  |       |                      |        |     |  |  |  |  |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation   |              | upation (for Indivi<br>cutive Vice Presid                     |         | Memo Item  |  |                  |       |                      |        |     |  |  |  |  |
|                              | Receipt For:       µ         Primary       General         Other (specify) ▼  | Aggregate    | Year-to-Date ▼  | 3846.20 |  |  |                  |       |                      |        |     |  |  |  |  |
| C.                           | Full Name of Individual (Last, First, Middle Initial)<br>Jackson, Martin, F, Mr.,   | ) or Full Or | rganization Name  | 1       |  | Date of  | Re               | ceipt |                      |        |     |  |  |  |  |
|                              | Mailing Address 116 Ellesmere Lane  |              |   |         |  | 10   | ′                | 13    | JL                   | 2023 Y | Y   |  |  |  |  |
|                              | City<br>Mechanicsburg   | State<br>PA  | Zip Code<br>17055   |         |  |  |                  |       | A2023-2<br>eceipt th |        | d   |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.  | С            |   |         |  | 192.31   |                  |       |                      |        |     |  |  |  |  |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:<br>Primary General<br>Other (specify)                               | Exec         | apation (for Individ<br>autive Vice Preside<br>Year-to-Date ▼ | ,       | Memo Item  |  |                  |       |                      |        |     |  |  |  |  |
| s                            | UBTOTAL of Receipts This Page (optional)  |              |   |         | .  |  |                  | , .   | ,                    | 576    | .93 |  |  |  |  |
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| 11           | EMIZED RECEIPTS   |               |       | or each category of the etailed Summary Page |                 | 11a<br>13                          |       | 11b<br>14 | 11c                            | 12<br>16    | 17     |  |  |  |  |  |
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|              | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |       |  |                 |                                    |       |           | f soliciting                   |             | utions |  |  |  |  |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)   |               |       |  |                 |                                    | _     |           |                                |             |        |  |  |  |  |  |
| $\square$    | Select Medical Corporation PAC  | ;             |       |  |                 |                                    |       |           |                                |             |        |  |  |  |  |  |
| Α.           | Full Name of Individual (Last, First, Middle Initi<br>Jackson, Martin, F, Mr.,                  | al) or Full C | Organ | ization Name                                 | Date of Receipt |                                    |       |           |                                |             |        |  |  |  |  |  |
|              | Mailing Address 116 Ellesmere Lane  |               |       |  |                 | <sup>M</sup> 10                    | /     | D 27      |                                | ү ү<br>2023 | Y      |  |  |  |  |  |
|              | City<br>Mechanicsburg   | State<br>PA   |       | Zip Code<br>17055                            |                 |                                    |       |           | : <b>A2023-2</b><br>Receipt th |             | 1      |  |  |  |  |  |
|              | FEC ID number of contributing federal political committee.                                      | С             |       |  | 192.31          |                                    |       |           |                                |             |        |  |  |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | •     | on (for Individual)<br>e Vice President      | Memo Item       |                                    |       |           |                                |             |        |  |  |  |  |  |
|              | Receipt For:  | Aggregate     | Year  | -to-Date 🔻                                   |                 |                                    |       |           |                                |             |        |  |  |  |  |  |
|              | Other (specify) ▼   |               | -y    | 4230.82                                      |                 |                                    |       |           |                                |             |        |  |  |  |  |  |
| В.           | Full Name of Individual (Last, First, Middle Initi<br>Jackson, Martin, F, Mr.,                  | al) or Full C | Drgan | ization Name                                 |                 | Date of Receipt                    |       |           |                                |             |        |  |  |  |  |  |
|              | Mailing Address 116 Ellesmere Lane  |               |       |  |                 | M M / D D / Y Y Y Y<br>11 10 2023  |       |           |                                |             |        |  |  |  |  |  |
|              | City<br>Mechanicsburg   | State<br>PA   |       | Zip Code<br>17055                            |                 |                                    |       |           | : A2023-2<br>Receipt th        |             | 1      |  |  |  |  |  |
|              | FEC ID number of contributing federal political committee.                                      | С             |       |  | 192.31          |                                    |       |           |                                |             |        |  |  |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | •     | on (for Individual)<br>e Vice President      |                 | Memo Item                          |       |           |                                |             |        |  |  |  |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year  | -to-Date ▼<br>4423.13                        |                 |                                    |       |           |                                |             |        |  |  |  |  |  |
| <u></u> с.   | Full Name of Individual (Last, First, Middle Initi<br>Jackson, Martin, F, Mr.,                  | al) or Full C | Drgan | ization Name                                 |                 | Date o                             | of Re | eceipt    |                                |             |        |  |  |  |  |  |
|              | Mailing Address 116 Ellesmere Lane  |               |       |  |                 | <sup>M</sup> 11                    | /     | 24        |                                | 2023 Y      | Y      |  |  |  |  |  |
|              | City<br>Mechanicsburg   | State<br>PA   |       | Zip Code<br>17055                            |                 |                                    |       |           | : <b>A2023-2</b><br>Receipt th |             | 4      |  |  |  |  |  |
|              | FEC ID number of contributing federal political committee.                                      | С             |       |  |                 | Amount of Each Receipt this Period |       |           |                                |             |        |  |  |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | •     | on (for Individual)<br>e Vice President      |                 | N                                  | lem   | o Item    |                                |             |        |  |  |  |  |  |
|              | Receipt For:  | Aggregate     | Year  | -to-Date ▼<br>4615.44                        |                 |                                    |       |           |                                |             |        |  |  |  |  |  |
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|                   | EMIZED RECEIPTS   |                | for each category of the<br>Detailed Summary Page   |                                  | < 11a<br>13                        |      | 11b    |         | 11c                 |       | 12    | 47 |  |  |
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|                   | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |                |   |                                  | for the                            |      | pose   |         |                     |       |       |    |  |  |
| $\setminus$       | NAME OF COMMITTEE (In Full)   |                |   |                                  |                                    |      |        |         |                     |       |       |    |  |  |
| $\langle \rangle$ | Select Medical Corporation PAC  |                |   |                                  |                                    |      |        |         |                     |       |       |    |  |  |
| Α.                | Full Name of Individual (Last, First, Middle Initia<br>Jackson, Martin, F, Mr.,                 | al) or Full O  | Organization Name                                   |                                  | Date o                             | f Re | eceipt |         |                     |       |       |    |  |  |
|                   | Mailing Address 116 Ellesmere Lane  |                |   | 12 / D D / Y Y Y Y<br>12 08 2023 |                                    |      |        |         |                     |       |       |    |  |  |
|                   | City  | State<br>PA    | Zip Code<br>17055                                   |                                  | Trans                              | acti | ion IE | D:A     | 2023-2              | 2726  | 334   |    |  |  |
|                   | Mechanicsburg   | FA             | 17055   |                                  | Amoun                              | t of | Each   | n Re    | eceipt t            | his P | eriod |    |  |  |
|                   | FEC ID number of contributing federal political committee.                                      | С              |   | 192.31                           |                                    |      |        |         |                     |       |       |    |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                                 |                | upation (for Individual)<br>ecutive Vice President  | Memo Item                        |                                    |      |        |         |                     |       |       |    |  |  |
|                   | Receipt For:  | Year-to-Date V |   |                                  |                                    |      |        |         |                     |       |       |    |  |  |
|                   | Primary General<br>Other (specify) ▼  |                | 4807.75   |                                  |                                    |      |        |         |                     |       |       |    |  |  |
| В.                | Full Name of Individual (Last, First, Middle Initia<br>Jackson, Martin, F, Mr.,                 |                | Date o  | f Re                             | eceipt                             |      |        |         |                     |       |       |    |  |  |
|                   | Mailing Address 116 Ellesmere Lane  |                | 12 / D D / Y Y Y Y<br>22 2023                       |                                  |                                    |      |        |         |                     |       |       |    |  |  |
|                   | City  | State          | Zip Code  |                                  | Trans                              | acti | ion ID | ):A     | 2023-2              | 28020 | 099   |    |  |  |
|                   | Mechanicsburg   | PA             | 17055   |                                  | Amount of Each Receipt this Period |      |        |         |                     |       |       |    |  |  |
|                   | FEC ID number of contributing federal political committee.                                      | С              |   |                                  | 192.25                             |      |        |         |                     |       |       |    |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                                 |                | eupation (for Individual)<br>ecutive Vice President |                                  | М                                  | emc  | b Item | ı       |                     |       |       |    |  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼  |                |   |                                  |                                    |      |        |         |                     |       |       |    |  |  |
| —<br>c.           | Full Name of Individual (Last, First, Middle Initia James, Stephanie, R, Ms.,                   | al) or Full O  | Organization Name                                   |                                  | Date o                             | f Re | eceipt |         |                     |       |       |    |  |  |
|                   | Mailing Address 740 Parkins Mill Rd.  |                |   |                                  | 07                                 | /    |        | D<br>07 | / Y                 |       | )23   | Y  |  |  |
|                   | City  | State          | Zip Code  |                                  | Trans                              | sact | ion II | D:4     | 42023- <sup>-</sup> | 1633  | 272   |    |  |  |
|                   | Greenville  | SC             | 29607   |                                  | Amoun                              | t of | Each   | n Re    | ceipt t             | his P | eriod |    |  |  |
|                   | FEC ID number of contributing federal political committee.                                      | С              |   |                                  |                                    |      | y      |         | 9                   |       | 115.3 | 39 |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                                 |                | upation (for Individual)<br>President               |                                  | Memo Item                          |      |        |         |                     |       |       |    |  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate      | Year-to-Date ▼<br>1615.46                           | ]                                |                                    |      |        |         |                     |       |       |    |  |  |
| ⊢                 | UBTOTAL of Receipts This Page (optional)  |                |   | ▶<br>▶                           |                                    |      | ,      |         | 5                   |       | 499.9 | 95 |  |  |

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| ITEMIZED RECEIPTS   |   | for each category of the<br>Detailed Summary Page   |        | < 11a  |       | 11b            | 11c    | 12   | <u> </u>  |  |  |
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| Any information copied from such Reports ar<br>or for commercial purposes, other than using   |   |   |        |  |       |                |        |  |           |  |  |
| NAME OF COMMITTEE (In Full) Select Medical Corporation F  | PAC   |   |        |  |       |                |        |  |           |  |  |
| Full Name of Individual (Last, First, Middle         A.       James, Stephanie, R, Ms.,         Mailing Address       740 Parkins Mill Rd.         City       Greenville         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ | State<br>SC<br>C<br>Occ<br>Vice   | Zip Code<br>29607<br>upation (for Individual)<br>e President<br>Year-to-Date ▼<br>1730.85 | _      | Amoun  | sacti | 21<br>ion ID : | A2023- | 2023<br><b>1635715</b><br>his Perio<br>115 |           |  |  |
| Full Name of Individual (Last, First, Middle<br>James, Stephanie, R, Ms.,<br>Mailing Address 740 Parkins Mill Rd.   | e Initial) or Full C  | rganization Name  |        | Date or  | f Re  | eceipt<br>04   | - / Y  | 2023                                       | Y         |  |  |
| City<br>Greenville<br>FEC ID number of contributing<br>federal political committee.   | State<br>SC   | Zip Code<br>29607   |        | Transaction ID : A2023-1679323         Amount of Each Receipt this Period         115.39         Memo Item |       |                |        |  |           |  |  |
| Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼   | Select Medical Corporation       Vice President         Receipt For:       Aggregate Year-to-Date ▼         Primary       General |   |        |  |       |                |        |  |           |  |  |
| C. James, Stephanie, R, Ms.,<br>Mailing Address 740 Parkins Mill Rd.  | · · · · · · · · · · · · · · · · · · ·   |   |        |  |       |                |        |  |           |  |  |
| City<br>Greenville<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:<br>Primary General<br>Other (specify)  | Vice  | Zip Code<br>29607<br>upation (for Individual)<br>President<br>Year-to-Date ▼<br>1961.63   | ]      | Amoun  | t of  |                |        | 1884999<br>his Perio<br>115                | d<br>5.39 |  |  |
| SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num   | ,   |   | •<br>• |  |       | , .<br>, .     | · · ·  | 346  | 5.17      |  |  |

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|                                   |   |                    | Detailed Summary Page   |                                    | -  | $\square$     | 11b       | 11c        | 12          |             |  |  |  |  |  |  |
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| or for commercial                 | l purposes, other than using                        | the name and a     | ay not be sold or used by any puddress of any political committee | e to sol                           | or the<br>icit cor                           | purp<br>ntrib | utions fi | soliciting | n committ   | ions<br>ee. |  |  |  |  |  |  |
| NAME OF CO                        | OMMITTEE (In Full)                                  |                    |   |                                    |  |               |           |            |             |             |  |  |  |  |  |  |
| Select Me                         | edical Corporation P                                | AC                 |   |                                    |  |               |           |            |             |             |  |  |  |  |  |  |
|                                   | Individual (Last, First, Middle<br>phanie, R, Ms.,  | Initial) or Full O | rganization Name  |                                    | Date of Receipt                              |               |           |            |             |             |  |  |  |  |  |  |
| Mailing Addres                    | <sup>SS</sup> 740 Parkins Mill Rd.                  |                    |   |                                    | 09 01 2023<br>Transaction ID : A2023-1924774 |               |           |            |             |             |  |  |  |  |  |  |
| City                              |   | State              | Zip Code  |                                    | Trans  | acti          | on ID :   | A2023-1    | 924774      |             |  |  |  |  |  |  |
| Greenville                        |   | SC                 | 29607   | A                                  | mount  | t of I        | Each R    | eceipt th  | is Period   |             |  |  |  |  |  |  |
| FEC ID numbe<br>federal politica  | er of contributing<br>al committee.                 | С                  |   | 115.39                             |  |               |           |            |             |             |  |  |  |  |  |  |
| Name of Empl<br>Select Medical    | loyer (for Individual)<br>I Corporation             |                    | upation (for Individual)<br>President                             | Memo Item                          |  |               |           |            |             |             |  |  |  |  |  |  |
| Receipt For:                      |   | Aggregate          | Year-to-Date ▼  |                                    |  |               |           |            |             |             |  |  |  |  |  |  |
| Primary<br>Other (s               | General pecify) ▼                                   |                    | 2077.02   | ]                                  |  |               |           |            |             |             |  |  |  |  |  |  |
|                                   | Individual (Last, First, Middle<br>phanie, R, Ms.,  | Initial) or Full O | rganization Name  |                                    | Date of                                      | f Red         | ceipt     |            |             |             |  |  |  |  |  |  |
|                                   | ss 740 Parkins Mill Rd.                             |                    |   |                                    | м м<br>09                                    | /             | ,<br>15   | / Y        | y y<br>2023 | Ŷ           |  |  |  |  |  |  |
| City                              |   | State              | Zip Code  |                                    | Trans  | actio         | on ID : / | A2023-2    | 036993      |             |  |  |  |  |  |  |
| Greenville                        |   | SC                 | 29607   | Amount of Each Receipt this Period |  |               |           |            |             |             |  |  |  |  |  |  |
| FEC ID number<br>federal politica | er of contributing<br>Il committee.                 | С                  |   |                                    | 115.39                                       |               |           |            |             |             |  |  |  |  |  |  |
| Name of Emp<br>Select Medical     | loyer (for Individual)<br>I Corporation             |                    | upation (for Individual)<br>e President                           |                                    | M  | emo           | Item      |            |             |             |  |  |  |  |  |  |
| Receipt For:                      |   | Aggregate          | Year-to-Date ▼  |                                    |  |               |           |            |             |             |  |  |  |  |  |  |
| Other (s                          | General<br>pecify) ▼                                |                    | 2192.41   | ]                                  |  |               |           |            |             |             |  |  |  |  |  |  |
|                                   | Individual (Last, First, Middle<br>ephanie, R, Ms., | Initial) or Full O | rganization Name  |                                    | Date of                                      | f Red         | ceipt     |            |             |             |  |  |  |  |  |  |
| Mailing Addres                    | 55 740 Parkins Mill Rd.                             |                    |   |                                    | Date of Receipt                              |               |           |            |             |             |  |  |  |  |  |  |
| City                              |   | State<br>SC        | Zip Code  |                                    |  |               |           | A2023-2    |             |             |  |  |  |  |  |  |
| Greenville                        |   | 30                 | 29607   | A                                  | mount  | t of I        | Each R    | eceipt th  | is Period   |             |  |  |  |  |  |  |
| FEC ID numbe<br>federal politica  | er of contributing<br>I committee.                  | С                  |   |                                    |  |               | y         | y          | 115.        | 39          |  |  |  |  |  |  |
| Name of Empl                      | loyer (for Individual)                              | Occ                | upation (for Individual)  |                                    | М  | emo           | Item      |            |             |             |  |  |  |  |  |  |
| Select Medical                    | I Corporation                                       | Vice               | President   |                                    |  |               |           |            |             |             |  |  |  |  |  |  |
| Receipt For:<br>Primary           | General   | Aggregate          | Year-to-Date ▼  |                                    |  |               |           |            |             |             |  |  |  |  |  |  |
| Other (s                          |   |                    | 2307.80   |                                    |  |               |           |            |             |             |  |  |  |  |  |  |
| SUBTOTAL of F                     | Receipts This Page (optional)                       |                    |   |                                    |  |               |           |            | 346.        | 17          |  |  |  |  |  |  |
|                                   |   |                    |   |                                    | -  |               |           |            |             |             |  |  |  |  |  |  |

| SCHEDULE A   | (FEC  | Form | 3X) |
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| ITEMIZED REC | EIPTS |      |     |

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| 11           | EMIZED RECEIPTS   |               |      | for each category of the<br>Detailed Summary Page |                                    | X 11a     |      |     | 11t<br>14 |                 | 11c             |      | 12<br>16 | 17 |  |
|--------------|---|---------------|------|---|------------------------------------|-----------|------|-----|-----------|-----------------|-----------------|------|----------|----|--|
|              | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |      |   |                                    |           |      |     |           |                 |                 |      | ntribu   |    |  |
| $\setminus$  | NAME OF COMMITTEE (In Full)   |               |      |   |                                    |           |      |     |           |                 |                 |      |          |    |  |
| $\backslash$ | Select Medical Corporation PAC  | ;             |      |   |                                    |           |      |     |           |                 |                 |      |          |    |  |
| Α.           | Full Name of Individual (Last, First, Middle Initi<br>James, Stephanie, R, Ms.,                 | al) or Full C | Drga | nization Name                                     | Date of Receipt                    |           |      |     |           |                 |                 |      |          |    |  |
|              | Mailing Address 740 Parkins Mill Rd.  |               |      |   |                                    | M<br>10   | Μ    | /   | D         | 13              | 1               |      | 023<br>0 | Y  |  |
|              | City<br>Greenville  | State<br>SC   |      | Zip Code<br>29607                                 |                                    |           |      |     |           |                 | A2023<br>eceipt |      |          |    |  |
|              | FEC ID number of contributing federal political committee.                                      | С             |      |   | Amount of Each Receipt this Period |           |      |     |           |                 |                 |      |          |    |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               |      | tion (for Individual)<br>esident                  |                                    |           | Mem  | 10  | Ite       | m               |                 |      |          |    |  |
|              | Receipt For:  | Aggregate     | Yea  | ar-to-Date 🔻                                      |                                    |           |      |     |           |                 |                 |      |          |    |  |
|              | Primary General<br>Other (specify) ▼  |               | -7   | 2423.19   |                                    |           |      |     |           |                 |                 |      |          |    |  |
| В.           | Full Name of Individual (Last, First, Middle Initi<br>James, Stephanie, R, Ms.,                 | al) or Full C | Drga | nization Name                                     |                                    | Date      | of R | lec | ceir      | ot              |                 |      |          |    |  |
|              | Mailing Address 740 Parkins Mill Rd.  |               |      |   | M M / D D / Y Y Y Y<br>10 27 2023  |           |      |     |           |                 |                 |      |          |    |  |
|              | City  | State         |      | Zip Code  |                                    | Tra       | isac | tic | on l      | ID : /          | 42023-          | 2353 | 865      |    |  |
|              | Greenville  | SC            |      | 29607   |                                    |           |      |     |           |                 | eceipt          |      |          |    |  |
|              | FEC ID number of contributing federal political committee.                                      | С             | С    |   |                                    |           |      |     | ,         |                 |                 |      | 115.     | 39 |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               |      | tion (for Individual)<br>esident                  |                                    | Memo Item |      |     |           |                 |                 |      |          |    |  |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼  |               |      |   |                                    |           |      |     |           |                 |                 |      |          |    |  |
| <u>с</u> .   | Full Name of Individual (Last, First, Middle Initi<br>James, Stephanie, R, Ms.,                 | al) or Full C | Drga | nization Name                                     |                                    | Date      | of R | lec | ceip      | ot              |                 |      |          |    |  |
|              | Mailing Address 740 Parkins Mill Rd.  |               |      |   |                                    | M<br>11   | М    | /   | D         | 10 <sup>D</sup> | /               |      | 023      | Y  |  |
|              | City<br>Greenville  | State<br>SC   |      | Zip Code<br>29607                                 |                                    |           |      |     |           |                 | A2023           |      |          |    |  |
|              | FEC ID number of contributing federal political committee.                                      | С             |      |   | Amount of Each Receipt this Period |           |      |     |           |                 |                 |      |          |    |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | •    | tion (for Individual)<br>esident                  |                                    |           | Merr | 10  | lte       | m               |                 |      |          |    |  |
|              | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Yea  | ar-to-Date ▼<br>2653.97                           |                                    |           |      |     |           |                 |                 |      |          |    |  |
| s            | UBTOTAL of Receipts This Page (optional)  |               |      | •   | - 1                                | Ľ         | -    |     | 5         |                 | ,               | -    | 346.     | 17 |  |
| Т            | OTAL This Period (last page this line number o  | only)         |      |   |                                    |           |      |     | ,         |                 |                 |      |          |    |  |

| SCHEDULE A   | (FEC Form 3X) |
|--------------|---------------|
| ITEMIZED REC | EIPTS         |

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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| 17         |   |               |                   | se separate schedule(s)  | (C                          | heck only                   | y or  | ne)          | L        |           |       |          |     |  |  |  |
|------------|---|---------------|-------------------|--|-----------------------------|-----------------------------|-------|--------------|----------|-----------|-------|----------|-----|--|--|--|
| 11         | EMIZED RECEIPTS   |               |                   | r each category of the etailed Summary Page                          |                             | X 11a<br>13                 |       | 11b<br>14    | $\vdash$ | 11c<br>15 |       | 12<br>16 | 17  |  |  |  |
|            | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |                   |  |                             | for the                     |       | pose o       | f sol    | liciting  | con   | ntributi | ons |  |  |  |
|            | NAME OF COMMITTEE (In Full)   |               |                   |  |                             |                             |       |              |          |           |       |          |     |  |  |  |
|            | Select Medical Corporation PAC  |               |                   |  |                             |                             |       |              |          |           |       |          |     |  |  |  |
| Α.         | Full Name of Individual (Last, First, Middle Initia<br>James, Stephanie, R, Ms.,                | al) or Full O | rgan              | ization Name   |                             | Date of                     | Re    | eceipt       |          |           |       |          |     |  |  |  |
|            | Mailing Address 740 Parkins Mill Rd.  |               |                   |  |                             | 11 24 Y Y Y Y<br>11 24 2023 |       |              |          |           |       |          |     |  |  |  |
|            | City<br>Greenville  | State<br>SC   | Zip Code<br>29607 | Transaction ID : A2023-2587532<br>Amount of Each Receipt this Period |                             |                             |       |              |          |           |       |          |     |  |  |  |
|            | FEC ID number of contributing federal political committee.                                      | С             |                   |  | 115.39                      |                             |       |              |          |           |       |          |     |  |  |  |
|            | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | •                 | on (for Individual)<br>sident  |                             | Me                          | emc   | ltem         |          |           |       |          |     |  |  |  |
|            | Receipt For:<br>Primary General   | Aggregate     | Year              | -to-Date ▼   |                             |                             |       |              |          |           |       |          |     |  |  |  |
|            | Other (specify) ▼   | L             | -                 | 2769.36  |                             |                             |       |              |          |           |       |          |     |  |  |  |
| в.         | Full Name of Individual (Last, First, Middle Initia James, Stephanie, R, Ms.,                   | al) or Full O | rgan              | ization Name   |                             | Date of                     | Re    | eceipt       |          |           |       |          |     |  |  |  |
|            | Mailing Address 740 Parkins Mill Rd.  |               | <sup>M</sup> 12   | 1  | 08                          |                             | / Y   | 202          | 23       | Y         |       |          |     |  |  |  |
|            | City  | State         |                   | Trans  | acti                        | ion ID :                    | : A20 | 023-27       | 7263     | 67        |       |          |     |  |  |  |
|            | Greenville  | SC            |                   | 29607  | Amount of Each Receipt this |                             |       |              |          |           |       | eriod    |     |  |  |  |
|            | FEC ID number of contributing federal political committee.                                      | С             |                   |  |                             |                             |       | - <b>J</b> - |          | 115.3     | 9     |          |     |  |  |  |
|            | Name of Employer (for Individual)<br>Select Medical Corporation                                 | Occi<br>Vice  |                   | Me   | emo                         | ltem                        |       |              |          |           |       |          |     |  |  |  |
|            | Receipt For:  | Aggregate     | Year              | -to-Date 🔻   |                             |                             |       |              |          |           |       |          |     |  |  |  |
|            | Primary General<br>Other (specify) ▼  |               | ,                 | 2884.75  |                             |                             |       |              |          |           |       |          |     |  |  |  |
| <u>с</u> . | Full Name of Individual (Last, First, Middle Initia<br>James, Stephanie, R, Ms.,                | al) or Full O | rgan              | ization Name   |                             | Date of                     | Re    | eceipt       |          |           |       |          |     |  |  |  |
|            | Mailing Address 740 Parkins Mill Rd.  |               |                   |  |                             | <sup>M</sup> 12             | /     | D 22         |          | / Y       | 202   | 23       | Y   |  |  |  |
|            | City  | State         |                   | Zip Code   |                             | Trans                       | act   | ion ID       | : A2     | 023-2     | 8021  | 32       |     |  |  |  |
|            | Greenville  | SC            |                   | 29607  | _                           | Amount                      | of    | Each I       | Rece     | eipt th   | is Pe | eriod    |     |  |  |  |
|            | FEC ID number of contributing federal political committee.                                      | С             |                   |  |                             | <u> </u>                    |       | <b>y</b>     |          | y         |       | 115.2    | 5   |  |  |  |
|            | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | •                 | on (for Individual)<br>sident  |                             | M                           | emo   | tem Item     |          |           |       |          |     |  |  |  |
|            | Receipt For:<br>Primary General<br>Other (specify)  |               |                   |  |                             |                             |       |              |          |           |       |          |     |  |  |  |
| s          | UBTOTAL of Receipts This Page (optional)  |               |                   |  | -                           |                             |       | ,            |          | 9         |       | 346.0    | 3   |  |  |  |

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

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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS   |                      | for each category of the<br>Detailed Summary Page | X 11a 11b 11c 12  |  |  |  |  |  |  |  |  |  |
|---|----------------------|---|---|--|--|--|--|--|--|--|--|--|
|   |                      |   | 13     14     15     16     17       erson for the purpose of soliciting contributions<br>to solicit contributions from such committee. |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full) Select Medical Corporation I              |                      |   |   |  |  |  |  |  |  |  |  |  |
|   |                      |   |   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>A. Keim, Jennifer, , , | e Initial) or Full C | organization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Mailing Address 4714 Gettysburg Rd                                    |                      |   | 07 14 2023  |  |  |  |  |  |  |  |  |  |
| City  | State                | Zip Code  | Transaction ID : A2023-1632871  |  |  |  |  |  |  |  |  |  |
| Mechanicsburg   | PA                   | 17055   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing<br>federal political committee.         | С                    |   | 115.39  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation       |                      | upation (for Individual)<br>cutive                | Memo Item   |  |  |  |  |  |  |  |  |  |
| Receipt For:  | Aggregate            | Year-to-Date <b>V</b>                             |   |  |  |  |  |  |  |  |  |  |
| Primary     General       Other (specify) ▼                           |                      | 1615.46   | 1   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>B. Keim, Jennifer, , , | e Initial) or Full C | Prganization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Mailing Address 4714 Gettysburg Rd                                    |                      |   | 07 28 2023  |  |  |  |  |  |  |  |  |  |
| City<br>Mechanicsburg   | State<br>PA          | Zip Code<br>17055                                 | Transaction ID : A2023-1654995<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.            | C                    |   | 115.39  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation       |                      | upation (for Individual)<br>ecutive               | Memo Item   |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                  | Aggregate            | Year-to-Date ▼<br>1730.85                         |   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>C. Keim, Jennifer, , , | e Initial) or Full C | Prganization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Mailing Address 4714 Gettysburg Rd                                    |                      |   | 08 11 / Y Y Y Y<br>08 2023  |  |  |  |  |  |  |  |  |  |
| City  | State<br>PA          | Zip Code<br>17055                                 | Transaction ID : A2023-1764935  |  |  |  |  |  |  |  |  |  |
| Mechanicsburg   |                      | 17055   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.            | C                    |   | 115.39  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation       |                      | upation (for Individual)<br>cutive                | Memo Item   |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)                    | Aggregate            | Year-to-Date ▼<br>1846.24                         |   |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optiona                               | l)                   |   | 346.17  |  |  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line num                            |                      | <b>r</b>  |   |  |  |  |  |  |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|    | EMIZED RECEIPTS   |               | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |
|----|---|---------------|---|---|
|    | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |   |   |
|    | NAME OF COMMITTEE (In Full)   |               |   |   |
|    | Select Medical Corporation PAC  | ;             |   |   |
| Α. | Full Name of Individual (Last, First, Middle Initia<br>Keim, Jennifer, , ,                      | al) or Full O | rganization Name                                  | Date of Receipt   |
|    | Mailing Address 4714 Gettysburg Rd  | <b>0</b>      |   | 08 / D / Y Y Y Y<br>2023  |
|    | City  | State<br>PA   | Zip Code<br>17055                                 | Transaction ID : A2023-1903183  |
|    | Mechanicsburg   |               | 17055   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                      | С             |   | 115.39  |
|    | Name of Employer (for Individual)   | Occ           | upation (for Individual)                          | Memo Item   |
|    | Select Medical Corporation  | Exe           | cutive  |   |
|    | Receipt For:  | Aggregate     | Year-to-Date ▼                                    |   |
|    | Primary General   | 00 0          |   |   |
|    | Other (specify)   | L             | 1961.63   |   |
|    | Full Name of Individual (Last, First, Middle Initia   | al) or Full O | rganization Name                                  |   |
| В. |   |               |   | Date of Receipt   |
|    | Mailing Address 4714 Gettysburg Rd  | 01-1-         | 7.0.0.1   | 09 / D D / Y Y Y Y<br>09 / 08 / 2023  |
|    | City  | State<br>PA   | Zip Code<br>17055                                 | Transaction ID : A2023-2037015  |
|    | Mechanicsburg   | FA            | 17055   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                      | С             |   | 115.39  |
|    | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | upation (for Individual)<br>ecutive               | Memo Item   |
|    | Receipt For:  | Anareaste     | Year-to-Date ▼                                    |   |
|    | Primary General   | Aggregate     |   |   |
|    | Other (specify) ▼   | L             | 2077.02   |   |
| с. | Full Name of Individual (Last, First, Middle Initia Keim, Jennifer, , ,                         | al) or Full O | rganization Name                                  | Date of Receipt   |
|    | Mailing Address 4714 Gettysburg Rd  |               |   | 09 / D / Y Y Y Y<br>2023  |
|    | City  | State         | Zip Code  | Transaction ID : A2023-2121681  |
|    | Mechanicsburg   | PA            | 17055   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                      | С             |   | 115.39  |
|    | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | upation (for Individual)<br>cutive                | Memo Item   |
|    | Receipt For:  | Aggregate     | Year-to-Date <b>V</b>                             |   |
|    | Primary General<br>Other (specify)  |               | 2192.41   |   |
| s  | UBTOTAL of Receipts This Page (optional)  |               |   | 346.17  |

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

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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|               | EIVIZED RECEIPIS   |                        | Detailed Summary Page |  |                  |                     | X 11a 11b 11c 12 |                 |                |                             |             |                   |            |    |  |
|---------------|--|------------------------|-----------------------|--|------------------|---------------------|------------------|-----------------|----------------|-----------------------------|-------------|-------------------|------------|----|--|
|               |  |                        |                       |  |                  | 13                  |                  | 14              |                | 15                          |             | 16                | 1          | 17 |  |
| Ar<br>or      | y information copied from such Reports and State<br>for commercial purposes, other than using the na               | ements ma<br>ame and a | ay n<br>Iddre         | ot be sold or used by any peess of any political committee | erson<br>e to sc | for the<br>licit co | pui<br>pntril    | rpose<br>bution | of s<br>ns fro | soliciting<br>om such       | COI<br>1 CO | ntribut<br>mmitte | ions<br>e. |    |  |
| $\backslash$  | NAME OF COMMITTEE (In Full)  |                        |                       |  |                  |                     |                  |                 |                |                             |             |                   |            |    |  |
| $\Big\rangle$ | Select Medical Corporation PAC   |                        |                       |  |                  |                     |                  |                 |                |                             |             |                   |            |    |  |
| Α.            | Full Name of Individual (Last, First, Middle Initial)<br>Keim, Jennifer, , ,<br>Mailing Address 4714 Gettysburg Rd | or Full O              | rgar                  | nization Name  |                  | Date o              |                  |                 |                |                             |             |                   |            |    |  |
|               |  |                        |                       |  |                  | <sup>™</sup> 10     |                  |                 | 06             | / Y                         | 20          | 023               | Y          |    |  |
|               | City<br>Mechanicsburg  | State<br>PA            |                       | Zip Code<br>17055  |                  |                     |                  |                 |                | 42023-2                     |             |                   |            |    |  |
|               | FEC ID number of contributing federal political committee.   | С                      |                       |  |                  |                     |                  | - <b>7</b> -    |                |                             | _           | 115.3             | 9          | ]  |  |
|               | Name of Employer (for Individual)<br>Select Medical Corporation  | Occu<br>Exe            | •                     | tion (for Individual)<br>ve                                |                  | N                   | 1em              | o Iten          | n              |                             |             |                   |            |    |  |
|               | Receipt For:       µ         Primary       General         Other (specify) ▼                                       | Aggregate              | Yea                   | ar-to-Date ▼<br>2307.80                                    |                  |                     |                  |                 |                |                             |             |                   |            |    |  |
| в.            | Full Name of Individual (Last, First, Middle Initial)<br>Keim, Jennifer, , ,                                       | or Full O              | rgar                  | nization Name  |                  | Date o              | of R             | eceipt          | t              |                             |             |                   |            |    |  |
|               | Mailing Address 4714 Gettysburg Rd   |                        |                       |  |                  | <sup>™</sup> 10     | 1                |                 | 20             | / Y                         | 20          | )23               | Y          |    |  |
|               | City<br>Mechanicsburg  | State<br>PA            |                       | Zip Code<br>17055  |                  |                     |                  |                 |                | 2023-2:                     |             |                   |            |    |  |
|               | FEC ID number of contributing federal political committee.   | С                      |                       |  |                  |                     |                  | -               |                |                             |             | 115.3             | 9          |    |  |
|               | Name of Employer (for Individual)<br>Select Medical Corporation  | Occi<br>Exe            | •                     | tion (for Individual)<br>ve                                |                  | N                   | lem              | o Iten          | n              |                             |             |                   |            |    |  |
|               | Receipt For:     A       Primary     General       Other (specify) ▼   | Aggregate              | Yea                   | ur-to-Date ▼<br>2423.19                                    |                  |                     |                  |                 |                |                             |             |                   |            |    |  |
| <u>с.</u>     | Full Name of Individual (Last, First, Middle Initial)<br>Keim, Jennifer, , ,                                       | or Full O              | rgar                  | nization Name  |                  | Date o              | of R             | eceipt          | t              |                             |             |                   |            |    |  |
|               | Mailing Address 4714 Gettysburg Rd   |                        |                       |  |                  | <sup>™</sup> 11     | 1                |                 | 03             | / Y                         |             | )23 <sup>°</sup>  | Y          |    |  |
|               | City<br>Mechanicsburg  | State<br>PA            |                       | Zip Code<br>17055  |                  |                     |                  |                 |                | <b>A2023-2</b><br>eceipt th |             |                   |            |    |  |
|               | FEC ID number of contributing federal political committee.   | С                      |                       |  |                  |                     |                  | <u> </u>        |                | , see.pt                    | _           | 115.3             | 9          | ]  |  |
|               | Name of Employer (for Individual)<br>Select Medical Corporation  | Occu<br>Exec           | •                     | tion (for Individual)<br>ve                                | Memo Item        |                     |                  |                 |                |                             |             |                   |            |    |  |
|               | Receipt For:     Primary     General       Other (specify)   | Aggregate              | Yea                   | ar-to-Date ▼<br>2538.58                                    |                  |                     |                  |                 |                |                             |             |                   |            |    |  |
| s             | UBTOTAL of Receipts This Page (optional)   |                        |                       | •••••  | •                |                     |                  | ,               |                | .,                          |             | 346.1             | 7          | ]  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED RECEIPTS |  |                                 |      | for each category of the<br>Detailed Summary Page      |   | < 11a<br>13 |                    | 11b<br>14     | 11c                   | 12        | 17      |
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|                   | y information copied from such Reports and State<br>for commercial purposes, other than using the na   |                                 |      |  |   |             |                    |               | solicitin             |           | outions |
|                   | NAME OF COMMITTEE (In Full) Select Medical Corporation PAC   |                                 |      |  |   |             |                    |               |                       |           |         |
| Α.                | Full Name of Individual (Last, First, Middle Initial)<br>Keim, Jennifer, , ,<br>Mailing Address 4714 Gettysburg Rd<br>City<br>Mechanicsburg<br>FEC ID number of contributing | State<br>PA                     | Drga | nization Name<br>Zip Code<br>17055                     |   |             | /<br>sacti         | 17<br>on ID : | A2023-2<br>Receipt th | nis Perio |         |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation  | Exe                             | cuti | tion (for Individual)<br>ve<br>ar-to-Date ▼<br>2653.97 |   | M           | emo                | ltem          |                       |           |         |
| Β.                | Name of Employer (for Individual)<br>Select Medical Corporation  | State<br>PA<br>C<br>Occ<br>Exe  | cupa | Zip Code<br>17055<br>tion (for Individual)             |   | Amoun       | actie              | 01            | A2023-2<br>Receipt th | nis Perio |         |
| С.                | Name of Employer (for Individual)<br>Select Medical Corporation  | State<br>PA<br>C<br>Occc<br>Exe | upat | Zip Code<br>17055<br>tion (for Individual)             |   | Amoun       | /<br>sacti<br>t of | 15<br>on ID : |                       | nis Perio |         |
| SI                | JBTOTAL of Receipts This Page (optional)   |                                 |      | •  | - |             |                    | ,             | ,                     | 34        | 6.17    |
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| SCHEDULE A   | (FEC Form 3X) |
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|              |   |  |              | Detailed Summary Page   |                  |                 |                | X 11a 11b 11c 12 |                  |              |                     |           |                  |             |    |
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| Ar<br>or     | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na | ements ma<br>ame and a                 | iy n<br>ddre | ot be sold or used by any pe<br>less of any political committee | erson<br>e to so | for t<br>olicit | he<br>cor      | purp<br>ntrib    | oose c<br>utions | of so<br>fro | oliciting<br>m such | cor<br>co | ntribut<br>mmitt | ions<br>ee. |    |
| $\backslash$ | NAME OF COMMITTEE (In Full)   |  |              |   |                  |                 |                |                  |                  |              |                     |           |                  |             |    |
|              | Select Medical Corporation PAC  |  |              |   |                  |                 |                |                  |                  |              |                     |           |                  |             |    |
| Α.           | Full Name of Individual (Last, First, Middle Initial Keim, Jennifer, , ,                            | ) or Full Oi                           | rgar         | nization Name   |                  |                 |                | Re               | ceipt            |              |                     |           |                  |             |    |
|              | Mailing Address 4714 Gettysburg Rd  |  |              |   |                  | 1               | 2 <sup>M</sup> | /                | 29               |              | / Y                 | 20        | )23              | Y           |    |
|              | City<br>Mechanicsburg   | State<br>PA                            |              | Zip Code<br>17055   |                  |                 |                |                  | -                |              | 2023-3              |           |                  |             |    |
|              | FEC ID number of contributing federal political committee.  | С                                      |              |   |                  | Amc             | ount           | of               | Each             | Rec          | ceipt th            | is P      | eriod<br>115.2   | 25          |    |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                     | Occu<br>Exec                           | •            | ion (for Individual)<br>/e                                      |                  |                 | Me             | emo              | Item             |              |                     |           |                  |             |    |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                              | Yea          | r-to-Date ▼<br>3000.00  |                  |                 |                |                  |                  |              |                     |           |                  |             |    |
| в.           | Full Name of Individual (Last, First, Middle Initial Keith, Christopher, D, ,                       | ) or Full Oi                           | rgar         | nization Name   |                  | Date            | e of           | Re               | ceipt            |              |                     |           |                  |             |    |
|              | Mailing Address 13 Hopper Dr.   |  |              |   |                  | МС              | ™<br>7         | /                | D<br>07          | D<br>7       | / Y                 |           | 23               | Y           |    |
|              | City  | State                                  |              | Zip Code  |                  | Tra             | ins            | acti             | on ID            | : A2         | 2023-16             | 6332      | 275              |             |    |
|              | Goddard   | KS 67052 Amount of Each Receipt this I |              |   |                  |                 |                |                  |                  |              |                     |           | eriod            |             |    |
|              | FEC ID number of contributing federal political committee.  | С                                      |              |   |                  | Ē               |                |                  |                  |              | -7                  | _         | 115.3            | 38          |    |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                     |  |              | tion (for Individual)<br>strator                                |                  |                 | Me             | emo              | Item             |              |                     |           |                  |             |    |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                              | Yea          | r-to-Date ▼<br>1615.32  |                  |                 |                |                  |                  |              |                     |           |                  |             |    |
| <u>с.</u>    | Full Name of Individual (Last, First, Middle Initial Keith, Christopher, D, ,                       | ) or Full Oi                           | rgar         | nization Name   |                  | Date            | e of           | Re               | ceipt            |              |                     |           |                  |             |    |
|              | Mailing Address 13 Hopper Dr.   |  |              |   |                  |                 | )7             | 1                | D<br>2           |              | / Y                 |           | 23               | Y           |    |
|              | City<br>Goddard   | State<br>KS                            |              | Zip Code<br>67052   |                  |                 |                |                  |                  |              | 2023-1<br>ceipt th  |           |                  |             |    |
|              | FEC ID number of contributing federal political committee.  | С                                      |              |   |                  |                 |                |                  | , .              |              | 9                   | _         | 115.3            | 38          |    |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                     |  | •            | ion (for Individual)<br>trator                                  |                  | Ч               | Me             | emc              | ltem             |              |                     |           |                  |             |    |
|              | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                              | Yea          | r-to-Date ▼<br>1730.70  |                  |                 |                |                  |                  |              |                     |           |                  |             |    |
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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page |   | < 11a  |         | 11b          | 11c            | 12      |                                      |    |
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| Any information copied from such Reports ar<br>or for commercial purposes, other than using   |   |   |        |         |              |                |         |                                      |    |
| NAME OF COMMITTEE (In Full) Select Medical Corporation F  | PAC   |   |        |         |              |                |         |                                      |    |
| Full Name of Individual (Last, First, Middle         Keith, Christopher, D, ,         Mailing Address 13 Hopper Dr.         City         Goddard         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ | State<br>KS<br>C<br>Occ<br>Adn                    | Zip Code<br>67052<br>upation (for Individual)<br>ninistrator<br>Year-to-Date ▼<br>1846.08 |        | Amoun   | sacti        | 04<br>ion ID : | A2023-  | 2023<br>1679326<br>his Perioc<br>115 |    |
| Full Name of Individual (Last, First, Middle         Keith, Christopher, D, ,         Mailing Address 13 Hopper Dr.         City         Goddard         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary   | State<br>KS<br>C<br>Occ<br>Adr                    | Zip Code<br>67052<br>upation (for Individual)<br>ninistrator<br>Year-to-Date ▼            |        | Amoun   | acti<br>t of | 18<br>000 ID : | A2023-1 | 2023<br>1885002<br>his Perioc<br>115 | 1  |
| C. Full Name of Individual (Last, First, Middle<br>Keith, Christopher, D, ,<br>Mailing Address 13 Hopper Dr.  | e Initial) or Full C                              | Drganization Name   |        | Date of | 1            | 01             | JL      | 2023<br>1924777                      | Y  |
| Goddard         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify)  | KS<br>C<br>Occo<br>Adm                            | 2076.84   | ]      | Amoun   | t of         | -              |         | his Perioc                           |    |
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| SCHEDULE A   | (FEC Form 3X) |
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|                              | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na               |              |      |                                |  | for t           | he             |           | pos      | se of |           |      | butic |    |  |  |  |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PAC   |              |      |                                |  |                 |                |           |          |       |           |      |       |    |  |  |  |  |
| Α.                           | Full Name of Individual (Last, First, Middle Initial<br>Keith, Christopher, D, ,<br>Mailing Address 13 Hopper Dr. | ) or Full Or | rgar | nization Name                  |  | Date of Receipt |                |           |          |       |           |      |       |    |  |  |  |  |
|                              | City  | State<br>KS  |      | Zip Code<br>67052              |  | _               | · ·            | acti      | ion      |       | A2023-2   |      |       |    |  |  |  |  |
|                              | Goddard   | /            | Amo  | ount                           | of   | Ea              | ich R          | eceipt tl | nis Peri | bd    |           |      |       |    |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.  | С            |      |                                | 115.38   |                 |                |           |          |       |           |      |       |    |  |  |  |  |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation   |              |      | ion (for Individual)<br>trator |  | Memo Item       |                |           |          |       |           |      |       |    |  |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate `  | Yea  | r-to-Date ▼<br>2192.22         | ]  |                 |                |           |          |       |           |      |       |    |  |  |  |  |
| в.                           | Full Name of Individual (Last, First, Middle Initial Keith, Christopher, D, ,                                     | ) or Full Or | rgar | ization Name                   |  | Date            | e of           | Re        | ecei     | ipt   |           |      |       |    |  |  |  |  |
|                              | Mailing Address 13 Hopper Dr.   |              |      |                                |  | 09 29 2023      |                |           |          |       |           |      |       |    |  |  |  |  |
|                              | City<br>Goddard   | State<br>KS  |      | Zip Code<br>67052              | Transaction ID : A2023-2130261<br>Amount of Each Receipt this Period |                 |                |           |          |       |           |      |       |    |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.  | C            |      |                                |  |                 |                | 115.38    |          |       |           |      |       |    |  |  |  |  |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation   |              | •    | ion (for Individual)<br>trator | Memo Item  |                 |                |           |          |       |           |      |       |    |  |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate    | Yea  | r-to-Date ▼<br>2307.60         | ]  |                 |                |           |          |       |           |      |       |    |  |  |  |  |
| с.                           | Full Name of Individual (Last, First, Middle Initial Keith, Christopher, D, ,                                     | ) or Full Or | rgar | nization Name                  |  | Date            | e of           | Re        | ecei     | ipt   |           |      |       |    |  |  |  |  |
|                              | Mailing Address 13 Hopper Dr.   |              |      |                                |  |                 | 0 <sup>™</sup> | 1         |          | 13    | / Y       | 2023 |       |    |  |  |  |  |
|                              | City<br>Goddard   | State<br>KS  |      | Zip Code<br>67052              |  |                 |                |           |          |       | A2023-2   |      |       |    |  |  |  |  |
|                              | FEC ID number of contributing federal political committee.  | С            |      |                                |  | Amo             | unt            | U         | J        |       | eceipt ti |      | 5.38  | 3  |  |  |  |  |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation   |              | •    | ion (for Individual)<br>rator  |  | Memo Item       |                |           |          |       |           |      |       |    |  |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate `  | Yea  | r-to-Date ▼<br>2422.98         | ]  |                 |                |           |          |       |           |      |       |    |  |  |  |  |
| s                            | UBTOTAL of Receipts This Page (optional)  |              |      |                                |  |                 |                |           | 9        | +     | · ·       | 34   | 6.14  |    |  |  |  |  |
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|              |  |                                 | for each category of the<br>Detailed Summary Page | X 11a 11b 11c 12<br>13 14 15 16 17  |  |  |  |  |  |  |  |  |  |  |
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| $\backslash$ | NAME OF COMMITTEE (In Full)  |                                 |   |   |  |  |  |  |  |  |  |  |  |  |
|              | Select Medical Corporation PAC   |                                 |   |   |  |  |  |  |  |  |  |  |  |  |
| Α.           | Full Name of Individual (Last, First, Middle Initia<br>Keith, Christopher, D, ,<br>Mailing Address 13 Hopper Dr. | l) or Full O                    | Drganization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |
|              | City   | State                           | Zip Code  | 10 27 2023  |  |  |  |  |  |  |  |  |  |  |
|              | Goddard  | KS                              | 67052   | Transaction ID : A2023-2353868         Amount of Each Receipt this Period |  |  |  |  |  |  |  |  |  |  |
|              | FEC ID number of contributing federal political committee.   | С                               |   | 115.38  |  |  |  |  |  |  |  |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation  | Occi<br>Adm                     | Memo Item   |   |  |  |  |  |  |  |  |  |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                       | Year-to-Date ▼<br>2538.36                         |   |  |  |  |  |  |  |  |  |  |  |
|              | Full Name of Individual (Last, First, Middle Initia<br>Keith, Christopher, D, ,                                  | Date of Receipt                 |   |   |  |  |  |  |  |  |  |  |  |  |
|              | Mailing Address 13 Hopper Dr.  | 11 / D D / Y Y Y Y Y<br>10 2023 |   |   |  |  |  |  |  |  |  |  |  |  |
|              | City<br>Goddard  | State<br>KS                     | Zip Code<br>67052                                 | Transaction ID : A2023-2465128<br>Amount of Each Receipt this Period      |  |  |  |  |  |  |  |  |  |  |
|              | FEC ID number of contributing federal political committee.   |                                 | 115.38  |   |  |  |  |  |  |  |  |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation  |                                 | cupation (for Individual)<br>ministrator          | Memo Item   |  |  |  |  |  |  |  |  |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                       | Year-to-Date ▼<br>2653.74                         |   |  |  |  |  |  |  |  |  |  |  |
| с.           | Full Name of Individual (Last, First, Middle Initia<br>Keith, Christopher, D, ,                                  | l) or Full O                    | Drganization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |
|              | Mailing Address 13 Hopper Dr.  | 1                               |   | 11 / D D / Y Y Y Y<br>11 24 2023  |  |  |  |  |  |  |  |  |  |  |
|              | City<br>Goddard  | State<br>KS                     | Zip Code<br>67052                                 | Transaction ID : A2023-2587535  |  |  |  |  |  |  |  |  |  |  |
|              | FEC ID number of contributing federal political committee.   | С                               |   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation  |                                 | cupation (for Individual)<br>ninistrator          | Memo Item   |  |  |  |  |  |  |  |  |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                       | Year-to-Date ▼<br>2769.12                         |   |  |  |  |  |  |  |  |  |  |  |
| s            | UBTOTAL of Receipts This Page (optional)   |                                 |   | 346.14  |  |  |  |  |  |  |  |  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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|             | EMIZED RECEIPTS  |                | for each category of the<br>Detailed Summary Page |                                      |           |     |        |      | -      | 1b             |      | 11c                |      | 12     | <b>_</b> |  |  |  |  |  |
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| $\setminus$ | NAME OF COMMITTEE (In Full)  |                |   |                                      |           |     |        |      |        |                |      |                    |      |        |          |  |  |  |  |  |
| /           | Select Medical Corporation PAC   |                |   |                                      |           |     |        |      |        |                |      |                    |      |        |          |  |  |  |  |  |
| Α.          | Full Name of Individual (Last, First, Middle Initial)<br>Keith, Christopher, D, ,<br>Mailing Address 13 Hopper Dr. | or Full Org    | gan   | ization Name                         |           |     | ate of | f Re |        | ipt<br>08      | 2    | / Y                |      | 023    | Y        |  |  |  |  |  |
|             | City   | State          |   | Zip Code                             |           | 5   | -      | acti | ion    | -              | A2   | 023-2 <sup>-</sup> | 1    | 1.00   |          |  |  |  |  |  |
|             | Goddard  | KS             |   | 67052                                | _         | Ar  | noun   | t of | Ea     | ach R          | lece | eipt th            | is F | Period |          |  |  |  |  |  |
|             | FEC ID number of contributing federal political committee.   | С              |   |                                      | 115.38    |     |        |      |        |                |      |                    |      |        |          |  |  |  |  |  |
|             | Name of Employer (for Individual)<br>Select Medical Corporation  | Occup<br>Admir | •   | on (for Individual)<br>rator         | Memo Item |     |        |      |        |                |      |                    |      |        |          |  |  |  |  |  |
|             | Receipt For:       A         Primary       General         Other (specify) ▼       I                               | ggregate Y     |   |                                      |           |     |        |      |        |                |      |                    |      |        |          |  |  |  |  |  |
| в.          | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Keith, Christopher, D, ,        |                |   |                                      |           |     |        |      | ece    | ipt            |      |                    |      |        |          |  |  |  |  |  |
|             | Mailing Address 13 Hopper Dr.  |                |   |                                      |           |     |        |      |        | 12 / 22 / 2023 |      |                    |      |        |          |  |  |  |  |  |
|             | City<br>Goddard  |                |   |                                      |           |     |        |      | 023-28 |                |      |                    |      |        |          |  |  |  |  |  |
|             | FEC ID number of contributing federal political committee.   | 67052          |   |                                      | noun      |     | Ea     |      | iece   | eipt th        | IS F | 115.3              | 8    |        |          |  |  |  |  |  |
|             | Name of Employer (for Individual)<br>Select Medical Corporation  | Occup<br>Admi  |   | ion (for Individual)<br>trator       | Memo Item |     |        |      |        |                |      |                    |      |        |          |  |  |  |  |  |
|             | Receipt For:       A         Primary       General         Other (specify) ▼       I                               | ggregate Y     | /eai  | r-to-Date ▼<br>2999.88               |           |     |        |      |        |                |      |                    |      |        |          |  |  |  |  |  |
| <u></u> с.  | Full Name of Individual (Last, First, Middle Initial)<br>Key, David, F, Mr.,                                       | or Full Org    | gan   | ization Name                         |           | Da  | ate of | f Re | ece    | ipt            |      |                    |      |        |          |  |  |  |  |  |
|             | Mailing Address 1750 Eliza Way   |                |   |                                      |           | [   | 07     | /    | ľ      | 07             |      | / Y                |      | 023    | Y        |  |  |  |  |  |
|             | City<br>Mechanicsburg  | State<br>PA    |   | Zip Code<br>17050                    |           |     |        |      | -      |                |      | 023-1              |      |        |          |  |  |  |  |  |
|             |  | С              |   |                                      |           | Ar  | noun   | t of | Ea     | ach H          | lece | eipt th            | IS F | 192.3  | 1        |  |  |  |  |  |
|             | Name of Employer (for Individual)<br>Select Medical Corporation  |                | •   | on (for Individual)<br>ice President |           |     | М      | emo  | o It   | em             |      |                    |      |        |          |  |  |  |  |  |
|             | Receipt For:     A       Primary     General       Other (specify)   |                |   |                                      |           |     |        |      |        |                |      |                    |      |        |          |  |  |  |  |  |
| s           | UBTOTAL of Receipts This Page (optional)   |                |   | •••••                                | •         |     |        |      | 7      |                | l    | 9                  |      | 423.0  | 7        |  |  |  |  |  |
| т           | OTAL This Period (last page this line number only  | /)             |   |                                      | -         |     |        |      | -      |                |      | -                  |      |        |          |  |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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|      | EMIZED RECEIPTS   |                         |                                | <b>K</b> 11a |               | 11b        | 11c          | 12                  |            |        |  |  |  |  |
|------|---|-------------------------|--------------------------------|--------------|---------------|------------|--------------|---------------------|------------|--------|--|--|--|--|
| Any  | / information copied from such Reports and                            | Statements ma           | y not be sold or used by any p | erson        | 13<br>for the | pur        | 14<br>pose c | 15<br>of soliciting | g contribu | utions |  |  |  |  |
| or f | or commercial purposes, other than using the                          |                         |                                |              |               |            |              |                     |            |        |  |  |  |  |
|      | NAME OF COMMITTEE (In Full)   |                         |                                |              |               |            |              |                     |            |        |  |  |  |  |
|      | Select Medical Corporation PA   | NC                      |                                |              |               |            |              |                     |            |        |  |  |  |  |
|      | Full Name of Individual (Last, First, Middle I                        | nitial) or Full O       | ganization Name                |              | _             |            |              |                     |            |        |  |  |  |  |
| A.   | Key, David, F, Mr.,   |                         |                                |              | Date o        | of Re      | eceipt       |                     |            |        |  |  |  |  |
| ſ    | Mailing Address 1750 Eliza Way  |                         |                                |              | 07            | 1 /        | 21           | D / Y               | 2023       | Y      |  |  |  |  |
| (    | City  | State                   | Zip Code                       |              | Tran          | sact       | ion ID       | : A2023-1           | 635698     |        |  |  |  |  |
|      | Mechanicsburg   | PA                      | 17050                          |              |               |            |              | Receipt th          |            |        |  |  |  |  |
| -    | FEC ID number of contributing   |                         |                                |              | _             |            |              |                     |            |        |  |  |  |  |
|      | federal political committee.  | C                       |                                |              | Ŀ             |            | -            |                     | 192        | .31    |  |  |  |  |
| Ī    | Name of Employer (for Individual)                                     | pation (for Individual) |                                | N            | lemo          | b Item     |              |                     |            |        |  |  |  |  |
| ŝ    | Select Medical Corporation  | Seni                    | or Vice President              |              |               |            |              |                     |            |        |  |  |  |  |
| Ī    | Receipt For:  | Aggregate               | Year-to-Date 🔻                 |              |               |            |              |                     |            |        |  |  |  |  |
|      | Primary General   | 7.99109410              |                                | 11.          |               |            |              |                     |            |        |  |  |  |  |
|      | Other (specify)   |                         | 2884.65                        |              |               |            |              |                     |            |        |  |  |  |  |
|      | Full Name of Individual (Last, First, Middle I                        | nitial) or Full Or      | ganization Name                |              |               |            |              |                     |            |        |  |  |  |  |
|      | Key, David, F, Mr.,   |                         | Date o                         | of Re        | eceipt        |            |              |                     |            |        |  |  |  |  |
| ſ    | Mailing Address 1750 Eliza Way  |                         | 08                             | /            | 04            | D / Y<br>4 | 2023         | Ŷ                   |            |        |  |  |  |  |
| (    | City  | State                   | Zip Code                       |              | Trans         | sacti      | ion ID       | : A2023-1           | 679306     |        |  |  |  |  |
| _    | Mechanicsburg   | PA                      | 17050                          |              | Amour         | nt of      | Each         | Receipt th          | nis Perioo | t      |  |  |  |  |
|      | FEC ID number of contributing federal political committee.            | С                       |                                |              | 192.31        |            |              |                     |            |        |  |  |  |  |
| Ī    | Name of Employer (for Individual)                                     | Осси                    | pation (for Individual)        | Memo Item    |               |            |              |                     |            |        |  |  |  |  |
|      | Select Medical Corporation  | Sen                     | or Vice President              |              |               |            |              |                     |            |        |  |  |  |  |
| Ī    | Receipt For:  | Aggregate               | Year-to-Date 🔻                 |              |               |            |              |                     |            |        |  |  |  |  |
|      | Primary General   |                         |                                | 11.          |               |            |              |                     |            |        |  |  |  |  |
|      | Other (specify) <b>v</b>  |                         | 3076.96                        | 4            |               |            |              |                     |            |        |  |  |  |  |
|      | Full Name of Individual (Last, First, Middle I<br>Key, David, F, Mr., | nitial) or Full O       | ganization Name                |              | Date o        | of Re      | eceipt       |                     |            |        |  |  |  |  |
| 1    | Mailing Address 1750 Eliza Way  |                         |                                |              | M N<br>08     |            |              |                     | 2023       | Y      |  |  |  |  |
| (    | City  | State                   | Zip Code                       |              | Tran          | sact       | ion ID       | : A2023-1           | 1884982    |        |  |  |  |  |
| _    | Mechanicsburg   | PA                      | 17050                          |              | Amour         | nt of      | Each         | Receipt th          | nis Period | b      |  |  |  |  |
| F    | FEC ID number of contributing   |                         |                                |              |               |            |              |                     |            |        |  |  |  |  |
|      | federal political committee.  | C                       |                                |              | Ļ.            | -          | y            | y                   | 192        | .31    |  |  |  |  |
| Ī    | Name of Employer (for Individual)                                     | Occi                    | pation (for Individual)        |              | N             | /lemo      | o Item       |                     |            |        |  |  |  |  |
| _    | Select Medical Corporation  | Seni                    | or Vice President              |              |               |            |              |                     |            |        |  |  |  |  |
| I    | Receipt For:  | Aggregate               | Year-to-Date 🔻                 |              |               |            |              |                     |            |        |  |  |  |  |
|      | Primary General   |                         | 3269.27                        | 11.          |               |            |              |                     |            |        |  |  |  |  |
|      | Other (specify)   |                         |                                |              |               |            |              |                     |            |        |  |  |  |  |
|      |   |                         |                                |              | _             | _          |              |                     |            |        |  |  |  |  |
| SL   | JBTOTAL of Receipts This Page (optional)                              |                         |                                |              |               | _          |              |                     | 576        | .93    |  |  |  |  |
| F.   |   |                         |                                | -            | =             | ÷          | 7            | ,                   |            |        |  |  |  |  |

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

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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|           | MIZED RECEIPTS   |             | for each category of the<br>Detailed Summary Page |   |  |          |       | 11b    | F    | 11c                  |      | 12               |              |    |  |  |
|-----------|--|-------------|---|---|--|----------|-------|--------|------|----------------------|------|------------------|--------------|----|--|--|
|           | y information copied from such Reports and State   |             |   |   |  |          |       |        |      |                      |      |                  | ions         | 17 |  |  |
| or        | for commercial purposes, other than using the na<br>NAME OF COMMITTEE (In Full)                                | arrie and a | ludre   | ess of any political committee          | :10 SC   | MICIT CO | ntrit | JULION | is f | rom such             | 1 CO | mmitte           | <del>.</del> |    |  |  |
| $\rangle$ | Select Medical Corporation PAC   |             |   |   |  |          |       |        |      |                      |      |                  |              |    |  |  |
| Α.        | Full Name of Individual (Last, First, Middle Initial)<br>Key, David, F, Mr.,<br>Mailing Address 1750 Eliza Way | ) or Full O | rgar  | nization Name                           | Date of Receipt                                  |          |       |        |      |                      |      |                  |              |    |  |  |
|           | City   | State       |   | Zip Code                                | _  | 09       |       | (      | 01   | A2023-1              | 20   | 023              |              |    |  |  |
|           | Mechanicsburg  | PA          |   | 17050                                   |  |          |       |        |      | eceipt th            |      |                  |              |    |  |  |
|           | FEC ID number of contributing federal political committee.   | С           |   |   | 192.31   |          |       |        |      |                      |      |                  |              |    |  |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation  |             | •   | tion (for Individual)<br>Vice President | Memo Item  |          |       |        |      |                      |      |                  |              |    |  |  |
|           | Receipt For:       Ø         Primary       General         Other (specify) ▼                                   | Aggregate   | Yea   | ar-to-Date ▼<br>3461.58                 |  |          |       |        |      |                      |      |                  |              |    |  |  |
| B.        | Full Name of Individual (Last, First, Middle Initial)<br>Key, David, F, Mr.,                                   | ) or Full O | rgar  | nization Name                           |  | Date of  | of Re | eceipt | t    |                      |      |                  |              |    |  |  |
|           | Mailing Address 1750 Eliza Way   |             |   | _                                       | 09 / 15 / 2023<br>Transaction ID : A2023-2036975 |          |       |        |      |                      |      |                  |              |    |  |  |
|           | City<br>Mechanicsburg  | State<br>PA |   | Zip Code<br>17050                       |  |          |       |        |      | A2023-2<br>eceipt th |      |                  |              |    |  |  |
|           | FEC ID number of contributing federal political committee.   | С           |   |   | 192.31   |          |       |        |      |                      |      |                  |              |    |  |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation  |             | •   | tion (for Individual)<br>Vice President |  | N        | lemo  | o Item | n    |                      |      |                  |              |    |  |  |
|           | Receipt For:       Ø         Primary       General         Other (specify) ▼                                   | Aggregate   | Yea   | ar-to-Date ▼<br>3653,89                 |  |          |       |        |      |                      |      |                  |              |    |  |  |
| с.        | Full Name of Individual (Last, First, Middle Initial)<br>Key, David, F, Mr.,                                   | ) or Full O | rgar  | nization Name                           |  | Date of  | of Re | eceipt | t    |                      |      |                  |              |    |  |  |
|           | Mailing Address 1750 Eliza Way   |             |   |   |  | м<br>09  | /     |        | 29   | / Y                  |      | )23 <sup>°</sup> | Y            |    |  |  |
|           | City   | State<br>PA |   | Zip Code<br>17050                       |  |          |       |        |      | A2023-2              |      |                  |              |    |  |  |
|           | Mechanicsburg  |             | _   | 17050                                   | _  | Amoui    | nt of | Each   | ו R  | eceipt th            | is P | 'eriod           |              |    |  |  |
|           | FEC ID number of contributing federal political committee.   | С           |   |   |  | Ļ.       |       | y      | _    | y                    | _    | 192.3            | 31           |    |  |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation  |             | •   | tion (for Individual)<br>/ice President | Memo Item  |          |       |        |      |                      |      |                  |              |    |  |  |
|           | Receipt For:     //       Primary     General       Other (specify)  | Aggregate   | Yea   | ar-to-Date ▼<br>3846.20                 |  |          |       |        |      |                      |      |                  |              |    |  |  |
| s         | UBTOTAL of Receipts This Page (optional)   |             |   |   |  |          |       | ,      |      |                      |      | 576.9            | 3            | ]  |  |  |
| т         | OTAL This Period (last page this line number onl   | y)          |   | •                                       | -  |          |       | -,     |      |                      |      |                  |              |    |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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|                |  |              |               | or each category of the                                    |   | 11a             |                 | 1     | 1b                                    |         | 12              |          |      |    |  |  |
|----------------|--|--------------|---------------|--|---|-----------------|-----------------|-------|---------------------------------------|---------|-----------------|----------|------|----|--|--|
|                |  |              |               | Detailed Summary Page                                      |   | 13              |                 | -     | 4                                     | 11c     |                 | 16       |      | 17 |  |  |
| Ar<br>or       | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n | tements ma   | ay n<br>Iddre | ot be sold or used by any peess of any political committee | erson f<br>to so  | or the          | e pui<br>ontril | rpo   | se of                                 | solicit | ing co<br>uch c | ontribut | ions |    |  |  |
| $\overline{)}$ | NAME OF COMMITTEE (In Full)  |              |               |  |   |                 |                 |       |                                       |         |                 |          |      |    |  |  |
| $\Big\rangle$  | Select Medical Corporation PAC   |              |               |  |   |                 |                 |       |                                       |         |                 |          |      |    |  |  |
| A.             | Full Name of Individual (Last, First, Middle Initia<br>Key, David, F, Mr.,                         | l) or Full O | rga           | nization Name  |   | Date o          | of R            | ece   | eipt                                  |         |                 |          |      |    |  |  |
|                | Mailing Address 1750 Eliza Way   |              |               |  |   | <sup>™</sup> 10 | VI              | /     | D 13                                  | ) /     |                 | 2023     | Y    |    |  |  |
|                | City   | State<br>PA  |               | Zip Code   | Transaction ID : A2023-2294502 Amount of Each Receipt this Period |                 |                 |       |                                       |         |                 |          |      |    |  |  |
|                | Mechanicsburg  | PA           |               | 17050  | _ /   | Amou            | nt of           | f Ea  | ach F                                 | leceipt | this            | Period   |      |    |  |  |
|                | FEC ID number of contributing federal political committee.   | С            |               |  |   |                 |                 | ,     |                                       |         |                 | 192.3    | 31   |    |  |  |
|                | Name of Employer (for Individual)<br>Select Medical Corporation                                    |              | •             | ion (for Individual)<br>/ice President                     | Memo Item   |                 |                 |       |                                       |         |                 |          |      |    |  |  |
|                | Receipt For:   | Aggregate    | Yea           | ır-to-Date ▼   |   |                 |                 |       |                                       |         |                 |          |      |    |  |  |
|                | Primary General<br>Other (specify) ▼   |              | -             | 4038.51  |   |                 |                 |       |                                       |         |                 |          |      |    |  |  |
| В.             | Full Name of Individual (Last, First, Middle Initia<br>Key, David, F, Mr.,                         | l) or Full O | rga           | nization Name  |   | Date of         | of R            | ece   | eipt                                  |         |                 |          |      |    |  |  |
|                | Mailing Address 1750 Eliza Way   |              |               |  |   | <sup>™</sup> 10 | VI /            | ′     | D D D D D D D D D D D D D D D D D D D | /       |                 | 023      | Y    |    |  |  |
|                | City   | State        |               | Zip Code   | Transaction ID : A2023-2353848                                    |                 |                 |       |                                       |         |                 |          |      |    |  |  |
|                | Mechanicsburg  | PA           |               | 17050  |   | Amou            | nt of           | f Ea  | ach F                                 | leceipt | this            | Period   |      |    |  |  |
|                | FEC ID number of contributing federal political committee.   | С            |               |  | 192.31  |                 |                 |       |                                       |         |                 |          |      |    |  |  |
|                | Name of Employer (for Individual)<br>Select Medical Corporation                                    |              | •             | tion (for Individual)<br>√ice President                    |   | Ν               | /lem            | io It | tem                                   |         |                 |          |      |    |  |  |
|                | Receipt For:   | Aggregate    | Yea           | ur-to-Date ▼   |   |                 |                 |       |                                       |         |                 |          |      |    |  |  |
|                | Other (specify) ▼  |              | 4230.82       |  |   |                 |                 |       |                                       |         |                 |          |      |    |  |  |
| С.             | Full Name of Individual (Last, First, Middle Initia<br>Key, David, F, Mr.,                         | l) or Full O | rga           | nization Name  |   | Date (          | of R            | ece   | eipt                                  |         |                 |          |      |    |  |  |
|                | Mailing Address 1750 Eliza Way   |              |               | -  |   | <sup>™</sup> 11 | VI              | ′     | D 10                                  |         |                 | 2023     | Y    |    |  |  |
|                | City   | State        |               | Zip Code   |   | Tran            | sac             | tio   | n ID :                                | A2023   | 3-246           | 5168     |      |    |  |  |
|                | Mechanicsburg  | PA           |               | 17050  | _ '   | Amou            | nt of           | f Ea  | ach F                                 | leceipt | this            | Period   |      |    |  |  |
|                | FEC ID number of contributing federal political committee.   | С            |               |  |   |                 |                 | 9     |                                       | ,       | _               | 192.:    | 31   |    |  |  |
|                | Name of Employer (for Individual)  | Occu         | upat          | ion (for Individual)                                       | Memo Item   |                 |                 |       |                                       |         |                 |          |      |    |  |  |
|                | Select Medical Corporation   | Seni         | ior \         | /ice President   |   |                 |                 |       |                                       |         |                 |          |      |    |  |  |
|                | Receipt For:   | Aggregate    | Yea           | r-to-Date ▼  |   |                 |                 |       |                                       |         |                 |          |      |    |  |  |
|                | Other (specify)  |              |               |  |   |                 |                 |       |                                       |         |                 |          |      |    |  |  |
| s              | UBTOTAL of Receipts This Page (optional)   |              |               |  |   |                 |                 |       |                                       |         |                 | 576.9    | 93   | 1  |  |  |
| т              | OTAL This Period (last page this line number on  | ly)          |               |  |   |                 |                 | ,     |                                       | ,       |                 |          |      | ]  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|   |   |                            |                 | Detailed Summary Page                                   |                      | X    | 11a                |  | 1            | 1b [            | 11c                |                  | 12                 |             |    |  |  |  |
|---|---|----------------------------|-----------------|---|----------------------|------|--------------------|--|--------------|-----------------|--------------------|------------------|--------------------|-------------|----|--|--|--|
|   |   |                            |                 |   |                      |      | 13                 |  | 14           | 4               | 15                 |                  | 16                 |             | 17 |  |  |  |
| Ar<br>or  | y information copied from such Reports and State<br>for commercial purposes, other than using the na                              | ements maine and a         | ay r<br>addr    | not be sold or used by an<br>ress of any political comm | iy pers<br>iittee to | on f | or the<br>licit co | pur<br>pntrik  | rpo:<br>buti | se of<br>ions f | solicit<br>from si | ing co<br>uch ce | ontribut<br>ommitt | ions<br>ee. |    |  |  |  |
| $\backslash$  | NAME OF COMMITTEE (In Full)   |                            |                 |   |                      |      |                    |  |              |                 |                    |                  |                    |             |    |  |  |  |
| $\Big)$   | Select Medical Corporation PAC  |                            |                 |   |                      |      |                    |  |              |                 |                    |                  |                    |             |    |  |  |  |
| Α.  | Full Name of Individual (Last, First, Middle Initial)<br>Key, David, F, Mr.,  |                            | Date of Receipt |   |                      |      |                    |  |              |                 |                    |                  |                    |             |    |  |  |  |
|   | Mailing Address 1750 Eliza Way  |                            |                 | 1   |                      |      | <sup>™</sup> 11    | /  | ′            | 24              |                    |                  | 2023               | Υ           |    |  |  |  |
|   | City<br>Mechanicsburg   | State Zip Code<br>PA 17050 |                 |   |                      |      |                    | Transaction ID : A2023-2587515<br>Amount of Each Receipt this Period |              |                 |                    |                  |                    |             |    |  |  |  |
|   | FEC ID number of contributing federal political committee.  | С                          | Ì               |   |                      |      | anou               |  | 1            |                 | ,                  |                  | 192.3              | 31          |    |  |  |  |
|   | Name of Employer (for Individual)<br>Select Medical Corporation   |                            |                 |   |                      |      |                    |  | o It         | tem             |                    |                  |                    |             |    |  |  |  |
|   | Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       4615.44                 |                            |                 |   |                      |      |                    |  |              |                 |                    |                  |                    |             |    |  |  |  |
| В.  | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         3. Key, David, F, Mr.,    Date of Receipt |                            |                 |   |                      |      |                    |  |              |                 |                    |                  |                    |             |    |  |  |  |
| Mailing Address 1750 Eliza Way     M M     /     D D     /     Y Y Y Y       12     08     2023 |   |                            |                 |   |                      |      |                    |  |              |                 |                    |                  |                    |             |    |  |  |  |
|   | City<br>Mechanicsburg   | Zip Code<br>17050          |                 |   |                      |      |                    |  | A2023        |                 |                    |                  |                    |             |    |  |  |  |
|   | FEC ID number of contributing federal political committee.  | contributing               |                 |   |                      |      |                    | Amount of Each Receipt this Period                                   |              |                 |                    |                  |                    |             |    |  |  |  |
|   | Name of Employer (for Individual)<br>Select Medical Corporation   |                            | •               | ation (for Individual)<br>Vice President                |                      |      | N                  | 1em  | o It         | tem             |                    |                  |                    |             |    |  |  |  |
| Boogint For:  |   |                            |                 | ar-to-Date ▼<br>4807.75                                 |                      |      |                    |  |              |                 |                    |                  |                    |             |    |  |  |  |
| C.  | Full Name of Individual (Last, First, Middle Initial)<br>Key, David, F, Mr.,  | or Full C                  | Drga            | anization Name  |                      | [    | Date o             | of Re  | ece          | eipt            |                    |                  |                    |             |    |  |  |  |
|   | Mailing Address 1750 Eliza Way  |                            |                 |   |                      |      | 12                 | /  | ′            | 22              |                    |                  | 023                | Y           |    |  |  |  |
|   | City<br>Mechanicsburg   | State<br>PA                |                 | Zip Code<br>17050                                       |                      |      |                    |  |              |                 | A2023              |                  |                    |             |    |  |  |  |
|   | FEC ID number of contributing federal political committee.  | С                          |                 |   |                      | ,    |                    |  | ,            |                 | ,                  |                  | 192.2              | 25          |    |  |  |  |
|   | Name of Employer (for Individual)<br>Select Medical Corporation   |                            |                 |   |                      |      |                    | Memo Item  |              |                 |                    |                  |                    |             |    |  |  |  |
| Receipt For: Aggregate Year-to-Date ▼   |   |                            |                 |   |                      |      |                    |  |              |                 |                    |                  |                    |             |    |  |  |  |
|   | Other (specify)   |                            | -               | 5000.00   |                      |      |                    |  |              |                 |                    |                  |                    |             |    |  |  |  |
| s   | UBTOTAL of Receipts This Page (optional)  |                            |                 |   | ►                    |      |                    |  | ,            |                 | . ,                |                  | 576.8              | 37          |    |  |  |  |
| т   | OTAL This Period (last page this line number only   | y)                         |                 |   | ▶                    |      |                    |  | -,           |                 |                    |                  |                    |             |    |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| 11         | EMIZED RECEIPTS  |  | for each category of the<br>Detailed Summary Page    |   | < 11a<br>13                        |       | 11k   |                       | 11c    |    | 12     | 47 |  |  |  |  |  |
|------------|--|--|--|---|------------------------------------|-------|---|-----------------------|--------|----|--------|----|--|--|--|--|--|
|            | ny information copied from such Reports and for commercial purposes, other than using th                             |  |  |   | for the                            |       | pose  |                       |        |    |        |    |  |  |  |  |  |
|            | NAME OF COMMITTEE (In Full)  |  |  |   |                                    |       |   |                       |        |    |        |    |  |  |  |  |  |
|            | Select Medical Corporation PA  | (C   |  |   |                                    |       |   |                       |        |    |        |    |  |  |  |  |  |
| Α.         | Full Name of Individual (Last, First, Middle Ir<br>Khanuja, Parvinderjit, , ,<br>Mailing Address 8110 N. Mohawk Road | Date of Receipt  |  |   |                                    |       |   |                       |        |    |        |    |  |  |  |  |  |
|            |  | 04-4-4   | Zin Oada   | _ | 11                                 |       |   | 28                    |        |    | 023    |    |  |  |  |  |  |
|            | City<br>Paradise   | State<br>AZ  |  |   |                                    |       | Transaction ID : A2023-2552058 Amount of Each Receipt this Period |                       |        |    |        |    |  |  |  |  |  |
|            | FEC ID number of contributing federal political committee.   | С  |  |   |                                    |       | J   |                       |        |    | 5000.0 | 0  |  |  |  |  |  |
|            | Name of Employer (for Individual)<br>Select Medical Corporation  |  | upation (for Individual)<br>Ird of Directors         |   | N                                  | /lemo | o Ite   | m                     |        |    |        |    |  |  |  |  |  |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate  |  |   |                                    |       |   |                       |        |    |        |    |  |  |  |  |  |
| в.         |  |  |  |   |                                    |       |   |                       |        |    |        |    |  |  |  |  |  |
|            | Mailing Address 1205 E Powderhorn Rd<br>Suite 1050   |  | 07 / D D / Y Y Y Y Y<br>07 2023                      |   |                                    |       |   |                       |        |    |        |    |  |  |  |  |  |
|            | City<br>Mechanicsburg  | Zip Code<br>17050-2011   |  |   |                                    |       |   | A2023-1<br>Receipt th |        |    |        |    |  |  |  |  |  |
|            | FEC ID number of contributing federal political committee.   | C  |  |   |                                    |       | -   |                       |        | _  | 115.3  | 9  |  |  |  |  |  |
|            | Name of Employer (for Individual)<br>Select Medical Corporation  |  | upation (for Individual)<br>ector of Finance - LTACH |   | N                                  | /lemo | o Ite   | m                     |        |    |        |    |  |  |  |  |  |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate  | Year-to-Date ▼<br>1615.46                            | 1 |                                    |       |   |                       |        |    |        |    |  |  |  |  |  |
| <u>с</u> . | Full Name of Individual (Last, First, Middle Ir<br>Kido, Robert, S, , Jr.  | nitial) or Full C  | organization Name                                    |   | Date of                            | of Re | eceip   | ot                    |        |    |        |    |  |  |  |  |  |
|            | Mailing Address 1205 E Powderhorn Rd<br>Suite 1050   |  |  |   | 07                                 |       |   | 21                    | J L    | 20 | 023    | Y  |  |  |  |  |  |
|            | City<br>Mechanicsburg  | State<br>PA  | Zip Code<br>17050-2011                               |   |                                    |       |   |                       | A2023- |    |        |    |  |  |  |  |  |
|            | FEC ID number of contributing federal political committee.   | С  |  |   | Amount of Each Receipt this Period |       |   |                       |        |    |        |    |  |  |  |  |  |
|            | Name of Employer (for Individual)<br>Select Medical Corporation  | vidual) Occupation (for Individual)<br>Director of Finance - LTACH |  |   |                                    |       | o Ite   | m                     |        |    |        |    |  |  |  |  |  |
|            | Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       1730.85      |  |  |   |                                    |       |   |                       |        |    |        |    |  |  |  |  |  |
| s          | <b>SUBTOTAL</b> of Receipts This Page (optional)   |  |  |   |                                    |       | 9   |                       | ,      | į  | 5230.7 | 8  |  |  |  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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|  | EIVIZED RECEIPTS  |                |                 | or each category of the<br>letailed Summary Page |   | (11a       |   | 11b  |       | 11c         |       | 12         |    |  |  |
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|  |   |                |                 | etallou cuminary r ugo                           |   | 13         |   | 14   |       | 15          |       | 16         | 17 |  |  |
|  | y information copied from such Reports and Si<br>for commercial purposes, other than using the                                    |                |                 |  |   |            |   |  |       |             |       |            |    |  |  |
| $\backslash$   | NAME OF COMMITTEE (In Full)   |                |                 |  |   |            |   |  |       |             |       |            |    |  |  |
|  | Select Medical Corporation PAC  | )              |                 |  |   |            |   |  |       |             |       |            |    |  |  |
| Α.   | Full Name of Individual (Last, First, Middle Init<br>Kido, Robert, S, , Jr.   |                | Date of Receipt |  |   |            |   |  |       |             |       |            |    |  |  |
|  | Mailing Address 1205 E Powderhorn Rd  |                |                 |  |   | 08 04 2023 |   |  |       |             |       |            |    |  |  |
|  | Suite 1050<br>City  | State          |                 | Zip Code   | _   |            |   |  |       | 12022 4     | 1     | 1.00       | _  |  |  |
|  | Mechanicsburg   | PA             |                 | 17050-2011                                       | Transaction ID : A2023-1679335 Amount of Each Receipt this Period |            |   |  |       |             |       |            |    |  |  |
|  | FEC ID number of contributing federal political committee.  |                | Amoun           |  |   |            |   |  | 115.3 | 9           |       |            |    |  |  |
|  | Name of Employer (for Individual)<br>Select Medical Corporation   |                | •               | on (for Individual)<br>of Finance - LTACH        |   | M          | emo   | ltem   |       |             |       |            |    |  |  |
|  | Receipt For:  | Aggregate      | Year            | r-to-Date ▼                                      |   |            |   |  |       |             |       |            |    |  |  |
|  | Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼  |                |                 |  |   |            |   |  |       |             |       |            |    |  |  |
| в.   | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         Kido, Robert, S, , Jr.    Date of Receipt |                |                 |  |   |            |   |  |       |             |       |            |    |  |  |
| Mailing Address 1205 E Powderhorn Rd<br>Suite 1050   |   |                |                 |  |   |            | M         M         /         D         D         /         Y |  |       |             |       |            |    |  |  |
| CityStateZip CodeMechanicsburgPA17050-2011   |   |                |                 |  |   | Trans      | acti  | on ID  | : /   | 2023-1      | 885   | 011        |    |  |  |
|  |   |                |                 |  |   | Amoun      | t of  | Each   | Re    | eceipt th   | nis F | Period     |    |  |  |
| FEC ID number of contributing federal political committee.   |   |                |                 |  |   |            |   | -  |       |             |       | 115.3      | 9  |  |  |
|  | Name of Employer (for Individual)<br>Select Medical Corporation   |                | •               | on (for Individual)<br>of Finance - LTACH        |   | M          | emo   | Item   |       |             |       |            |    |  |  |
|  | Receipt For:  | Aggregate      | Year            | r-to-Date ▼                                      |   |            |   |  |       |             |       |            |    |  |  |
|  | Primary     General       Other (specify) ▼   |                | <b>,</b>        | 1961.63  | 1   |            |   |  |       |             |       |            |    |  |  |
| С.   | Full Name of Individual (Last, First, Middle Init<br>Kido, Robert, S, , Jr.   | ial) or Full O | Drgan           | ization Name                                     |   | Date o     | f Re  | eceipt   |       |             |       |            |    |  |  |
|  | Mailing Address 1205 E Powderhorn Rd  |                |                 |  |   | M          | /   | D  |       | / Y         |       | Y          | Y  |  |  |
|  | City  | State          |                 | Zip Code   | _   | 09         |   | the second s | )1    | A2023-1     | 1.00  | )23<br>796 |    |  |  |
|  | Mechanicsburg   | PA             |                 | 17050-2011                                       |   |            |   |  |       | eceipt th   |       |            |    |  |  |
|  | FEC ID number of contributing federal political committee.  | С              |                 |  |   | Amoun      |   | Laci   | ne    | , sceipt ti |       | 115.3      | 9  |  |  |
| Name of Employer (for Individual) Occupation (for Individual)  |   |                |                 |  |   |            |   |  |       |             |       |            |    |  |  |
| Name of Employer (for Individual)         Occupation (for Individual)           Select Medical Corporation         Director of Finance - LTACH |   |                |                 |  |   |            |   |  |       |             |       |            |    |  |  |
| Receipt For: Aggregate Year-to-Date ▼  |   |                |                 |  |   |            |   |  |       |             |       |            |    |  |  |
| Primary General General  |   |                |                 |  |   |            |   |  |       |             |       |            |    |  |  |
| Other (specify)  |   |                |                 |  |   |            |   |  |       |             |       |            |    |  |  |
| s  | UBTOTAL of Receipts This Page (optional)  |                |                 |  |   |            |   | , .  |       |             |       | 346.1      | 7  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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|  |   |   | for each category o<br>Detailed Summary I  |            | X 11a   |          | 11b             | 11c<br>15           | 12   | 17 |  |  |  |  |  |
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| An<br>or   | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n  | ay not be sold or used<br>ddress of any political | by any perso<br>committee to   | on for the | purp<br>htrib   | ose of s | oliciting       | contribu            | tions                                      |    |  |  |  |  |  |
|  | NAME OF COMMITTEE (In Full)<br>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 1050       State         City       State         Mechanicsburg       PA         FEC ID number of contributing federal political committee.       C |   |   |  |            | Date of Receipt<br>09 15 2023<br>Transaction ID : A2023-2037005<br>Amount of Each Receipt this Period<br>115.39 |          |                 |                     |  |    |  |  |  |  |  |
| Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Select Medical Corporation       Director of Finance - LTACH         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       2192.41   |   |   |  |            |   |          |                 |                     |  |    |  |  |  |  |  |
| Β.   | Full Name of Individual (Last, First, Middle Initial Kido, Robert, S, , Jr.         Mailing Address 1205 E Powderhorn Rd         Suite 1050         City         Mechanicsburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼     | State<br>PA<br>C<br>Occ<br>Dire                   | Zip Code<br>17050-2011<br>upation (for Individual)<br>ector of Finance - LTACI<br>Year-to-Date ▼ | H<br>07.80 | Amount  | action   | 29<br>on ID : A | 2023-2 <sup>,</sup> | 2023<br><b>130270</b><br>is Period<br>115. |    |  |  |  |  |  |
| C.   | Full Name of Individual (Last, First, Middle Initial Kido, Robert, S, , Jr.         Mailing Address       1205 E Powderhorn Rd         Suite 1050         City         Mechanicsburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) | State<br>PA<br>C<br>Occu<br>Dire                  | Zip Code<br>17050-2011<br>upation (for Individual)<br>ctor of Finance - LTACH<br>Year-to-Date ▼  | 1          | Amount  | acti     | 13<br>on ID : A | 2023-2              | 2023<br><b>294533</b><br>is Period<br>115. |    |  |  |  |  |  |
| s  | UBTOTAL of Receipts This Page (optional)  |   |  | ····· ►    |   | _        | 9               | 9                   | 346.                                       | 17 |  |  |  |  |  |
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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| ITEMIZED RECEIPTS  |   | for each category of the<br>Detailed Summary Page   |        | 11a<br>13 |                 | 11b                   |                       | 11c<br>15                           | 12   | 17    |
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| NAME OF COMMITTEE (In Full) Select Medical Corporation PA  | С   |   |        |           |                 |                       |                       |                                     |  |       |
| Full Name of Individual (Last, First, Middle In         A.       Kido, Robert, S, , Jr.         Mailing Address       1205 E Powderhorn Rd         Suite 1050         City         Mechanicsburg         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼                                  | Zip Code<br>17050-2011<br>upation (for Individual)<br>ector of Finance - LTACH<br>Year-to-Date ▼<br>2538.58 |   | Amount | of        | ion II          | 27<br>D : A2<br>n Rec |                       | 2023<br>353877<br>is Period<br>115. |  |       |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         Kido, Robert, S, , Jr.         Mailing Address 1205 E Powderhorn Rd         Suite 1050         City       State         Mechanicsburg       PA         FEC ID number of contributing<br>federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ |   |   |        |           | of              | ion IC                | 10<br>D : A2<br>n Rec |                                     | 2023<br><b>465137</b><br>is Period<br>115. |       |
| Full Name of Individual (Last, First, Middle In         Kido, Robert, S, , Jr.         Mailing Address       1205 E Powderhorn Rd         Suite 1050         City         Mechanicsburg         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify)   | State<br>PA<br>C<br>Occ<br>Dire   | Zip Code<br>17050-2011<br>upation (for Individual)<br>ector of Finance - LTACH<br>Year-to-Date ▼<br>2769.36 |        | Amount    | /<br>acti<br>of | ion II                | 24<br>D : A2<br>n Rec | 2023-2                              | 2023<br>587544<br>is Period<br>115.        |       |
| SUBTOTAL of Receipts This Page (optional)  |   |   | -      |           |                 | <u>y</u>              |                       | 5                                   | 346.                                       | 17    |

| SCHEDULE A   | (FEC Form 3X) |
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| or for commercial purposes, other than us  |                                      |  | e to solicit contributions from such committee.        |
| NAME OF COMMITTEE (In Full) Select Medical Corporation   | PAC                                  |  |  |
| Full Name of Individual (Last, First, Mid         A.       Kido, Robert, S, , Jr.         Mailing Address       1205 E Powderhorn Rd         Suite 1050       Suite 1050         City       Mechanicsburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ | State Zip<br>PA 17<br>C Occupation ( | Code<br>7050-2011<br>for Individual)<br>inance - LTACH | Date of Receipt  |
| Full Name of Individual (Last, First, Mid         Kido, Robert, S, , Jr.         Mailing Address 1205 E Powderhorn Rd         Suite 1050         City         Mechanicsburg         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼                       | State Zip<br>PA 17<br>C Occupation ( | Code<br>050-2011<br>for Individual)<br>inance - LTACH  | Date of Receipt  |
| Full Name of Individual (Last, First, Mid         Kirshblum, Steven, , ,         Mailing Address 71 Woodland Ave         City         West Orange         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify)   | State Zip<br>NJ 070                  | Code<br>052<br>for Individual)<br>I Officer            | Date of Receipt  |
| SUBTOTAL of Receipts This Page (option   | al)                                  |  | 3230.64  |
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| ITEMIZED RECEIPTS |  |                         |      | for each category of the<br>Detailed Summary Page |     |      |              |     | 11b    |                 | 11c                 |       | 2      | <u> </u> | - |
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|                   | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n                       |                         |      |   |     |      | he           |     |        |                 |                     | contr |        | ons      | 7 |
|                   | NAME OF COMMITTEE (In Full)  |                         |      |   |     |      |              |     |        |                 |                     |       |        |          |   |
| $\rangle$         | Select Medical Corporation PAC   |                         |      |   |     |      |              |     |        |                 |                     |       |        |          |   |
| Α.                | Full Name of Individual (Last, First, Middle Initial<br>Kurmakov, Aleksey, N, Mr.,<br>Mailing Address 2409 W Bayberry Dr | l) or Full O            | )rga | anization Name                                    |     |      |              | Re  | eceipt |                 |                     |       |        |          |   |
|                   | City   | State                   |      | Zip Code  |     | 0    | <u> </u>     |     | C      | 07 <sup>0</sup> |                     | 202   |        | Ŷ        |   |
|                   | Harrisburg   | PA                      |      | 17112-1040  |     |      |              |     |        |                 | 2023-1              |       |        |          |   |
|                   | FEC ID number of contributing federal political committee.   |                         |      | um  | U   |      | i ne         |     |        | 92.3            | 1                   | ]     |        |          |   |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation  |                         |      | Me  | emo | ltem | ſ            |     |        |                 |                     |       |        |          |   |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼   | ar-to-Date ▼<br>2153.90 |      |   |     |      |              |     |        |                 |                     |       |        |          |   |
| в.                | Full Name of Individual (Last, First, Middle Initial Kurmakov, Aleksey, N, Mr.,  | l) or Full O            | )rga | anization Name                                    |     | Date | e of         | Re  | eceipt |                 |                     |       |        |          |   |
|                   | Mailing Address 2409 W Bayberry Dr   |                         |      |   |     | M    | ™<br>7       | 1   |        | D<br>21         | / Y                 | 2023  |        | Y        |   |
|                   | City<br>Harrisburg   | State<br>PA             |      | Zip Code<br>17112-1040                            |     |      |              |     |        |                 | 2023-10<br>ceipt th |       |        |          |   |
|                   | FEC ID number of contributing federal political committee.   | С                       |      |   |     |      |              |     | -      |                 |                     | 1     | 92.3   | 1        | ] |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation  |                         | •    | ation (for Individual)<br>Vice President          | _   |      | Me           | emc | ltem   | ı               |                     |       |        |          |   |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate               | Ye   | ar-to-Date ▼<br>2346.21                           |     |      |              |     |        |                 |                     |       |        |          |   |
| <u>с.</u>         | Full Name of Individual (Last, First, Middle Initial Kurmakov, Aleksey, N, Mr.,  | l) or Full O            | )rga | anization Name                                    |     | Date | e of         | Re  | eceipt |                 |                     |       |        |          |   |
|                   | Mailing Address 2409 W Bayberry Dr   |                         |      |   |     |      | <sup>™</sup> | 1   |        | 04              | / Y                 | 2023  | у<br>З | Y        |   |
|                   | City<br>Harrisburg   | State<br>PA             |      | Zip Code<br>17112-1040                            |     |      | -            |     | -      |                 | 2023-1              |       | -      | _        |   |
|                   | FEC ID number of contributing federal political committee.   | С                       |      |   |     |      |              |     | J      |                 |                     |       | 92.3   | 1        | ] |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation  |                         |      | ation (for Individual)<br>Vice President          |     |      | M            | emo | o Item | n               |                     |       |        |          |   |
|                   | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate               | Ye   | ar-to-Date ▼<br>2538.52                           |     |      |              |     |        |                 |                     |       |        |          |   |
| s                 | UBTOTAL of Receipts This Page (optional)   |                         |      | •••••   |     |      |              |     | ,      |                 |                     | 5     | 76.9   | 3        | ] |
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| SCHEDULE A   | (FEC Form 3X) |
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|                                    |  |   |       | for each category of the<br>Detailed Summary Page |    | _    | 1a<br> 3        |                            | 11b    | F             | 11c                   |         | 12<br>16 | 4-7 |  |  |  |  |  |
|------------------------------------|--|---|-------|---|----|------|-----------------|----------------------------|--------|---------------|-----------------------|---------|----------|-----|--|--|--|--|--|
|                                    | y information copied from such Reports and State<br>for commercial purposes, other than using the na |   |       |   |    | for  | the             |                            |        |               |                       |         |          |     |  |  |  |  |  |
| $\overline{)}$                     | NAME OF COMMITTEE (In Full)  |   |       |   |    |      |                 |                            |        |               |                       |         |          |     |  |  |  |  |  |
| $\Big\rangle$                      | Select Medical Corporation PAC   |   |       |   |    |      |                 |                            |        |               |                       |         |          |     |  |  |  |  |  |
| A.                                 | Full Name of Individual (Last, First, Middle Initial<br>Kurmakov, Aleksey, N, Mr.,                   | ) or Full C                             | Orgai | nization Name                                     |    | Da   | ite of          | Re                         | ceipt  | t             |                       |         |          |     |  |  |  |  |  |
|                                    | Mailing Address 2409 W Bayberry Dr   |   |       |   |    | L    | 08              | /                          |        | 18            | JL                    | 20      | )23      | Y   |  |  |  |  |  |
|                                    | City<br>Harrisburg   | State<br>PA                             |       | Zip Code<br>17112-1040                            |    |      |                 |                            |        |               | A2023-1               |         |          |     |  |  |  |  |  |
|                                    | FEC ID number of contributing federal political committee.   |   | An    | nount   | OT | Eacr |                 | eceipt th                  | IS P   | erioa<br>192. | 31                    |         |          |     |  |  |  |  |  |
|                                    | Name of Employer (for Individual)<br>Select Medical Corporation                                      | tion (for Individual)<br>Vice President |       |   | Me | emo  | lten            | n                          |        |               |                       |         |          |     |  |  |  |  |  |
|                                    | Receipt For:<br>Primary General<br>Other (specify) ▼   | ar-to-Date ▼<br>2730.83                 |       |   |    |      |                 |                            |        |               |                       |         |          |     |  |  |  |  |  |
| в.                                 | Full Name of Individual (Last, First, Middle Initial Kurmakov, Aleksey, N, Mr.,                      | ) or Full C                             | Drgai | nization Name                                     |    | Da   | ite of          | Re                         | ceipt  | t             |                       |         |          |     |  |  |  |  |  |
| Mailing Address 2409 W Bayberry Dr |  |   |       |   |    |      |                 | 09 / D D / Y Y Y Y<br>2023 |        |               |                       |         |          |     |  |  |  |  |  |
|                                    | City<br>Harrisburg   | State<br>PA                             |       | Zip Code<br>17112-1040                            |    |      |                 |                            |        |               | A2023-19<br>eceipt th |         |          |     |  |  |  |  |  |
|                                    | FEC ID number of contributing federal political committee.   | С                                       |       |   |    | Ē    |                 |                            | -      | _             | -                     | _       | 192.     | 31  |  |  |  |  |  |
|                                    | Name of Employer (for Individual)<br>Select Medical Corporation                                      |   | •     | tion (for Individual)<br>Vice President           |    |      | Me              | emo                        | lten   | n             |                       |         |          |     |  |  |  |  |  |
|                                    | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                               | Yea   | ar-to-Date ▼<br>2923.14                           |    |      |                 |                            |        |               |                       |         |          |     |  |  |  |  |  |
| С.                                 | Full Name of Individual (Last, First, Middle Initial Kurmakov, Aleksey, N, Mr.,                      | ) or Full C                             | Drgai | nization Name                                     |    | Da   | ite of          | Re                         | ceipt  | t             |                       |         |          |     |  |  |  |  |  |
|                                    | Mailing Address 2409 W Bayberry Dr   |   |       |   |    | N    | 09 <sup>M</sup> | /                          |        | 15            | / Y                   | ¥<br>20 | 23       | Y   |  |  |  |  |  |
|                                    | City<br>Harrisburg   | State<br>PA                             |       | Zip Code<br>17112-1040                            | _  |      |                 |                            |        |               | A2023-2<br>eceipt th  |         |          |     |  |  |  |  |  |
|                                    | FEC ID number of contributing federal political committee.   | С                                       |       |   |    | Ę    | _               |                            | 9      |               | 9                     | _       | 192.     | 31  |  |  |  |  |  |
|                                    | Name of Employer (for Individual)<br>Select Medical Corporation                                      |   | •     | tion (for Individual)<br>/ice President           |    |      | Me              | emo                        | ) Iten | n             |                       |         |          |     |  |  |  |  |  |
|                                    | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                               | Yea   | ar-to-Date ▼<br>3115.45                           |    |      |                 |                            |        |               |                       |         |          |     |  |  |  |  |  |
| s                                  | UBTOTAL of Receipts This Page (optional)   |   |       | •   |    |      |                 |                            | 7      | Ξ             | ,                     |         | 576.     | 93  |  |  |  |  |  |
| т                                  | OTAL This Period (last page this line number onl   | y)                                      |       | ••••••  | -  |      |                 |                            | _      |               |                       |         |          |     |  |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

FOR LINE NUMBER:

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|                |   |                             | for each category of the<br>Detailed Summary Page |     | (11a<br>13      |            | 11b      | 11c                    | 12          | 47  |  |  |  |
|----------------|---|-----------------------------|---|-----|-----------------|------------|----------|------------------------|-------------|-----|--|--|--|
|                | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na |                             |   |     | for the         | purp       |          |                        |             |     |  |  |  |
| $\overline{)}$ | NAME OF COMMITTEE (In Full)   |                             |   |     |                 |            |          |                        |             |     |  |  |  |
|                | Select Medical Corporation PAC  |                             |   |     |                 |            |          |                        |             |     |  |  |  |
| Α.             | Full Name of Individual (Last, First, Middle Initial Kurmakov, Aleksey, N, Mr.,                     | ) or Full O                 | Drganization Name                                 |     | Date of         | Rec        | ceipt    |                        |             |     |  |  |  |
|                | Mailing Address 2409 W Bayberry Dr  | Otata                       | Zie Ooste   |     | 09              | /          | 29       |                        | 2023        | Y   |  |  |  |
|                | City<br>Harrisburg  | State<br>PA                 | Zip Code<br>17112-1040                            |     |                 |            |          | A2023-2                |             | 1   |  |  |  |
|                | FEC ID number of contributing federal political committee.  |                             | Amount  |     |                 | leceipt th | 192      |                        |             |     |  |  |  |
|                | Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:                     |                             | Me  | emo | ltem            |            |          |                        |             |     |  |  |  |
|                | Primary General<br>Other (specify) ▼  | 9 Year-to-Date ▼<br>3307.76 |   |     |                 |            |          |                        |             |     |  |  |  |
|                | Full Name of Individual (Last, First, Middle Initial Kurmakov, Aleksey, N, Mr.,                     | ) or Full O                 | Drganization Name                                 |     | Date of         | Rec        | eipt     |                        |             |     |  |  |  |
|                | Mailing Address 2409 W Bayberry Dr  |                             | 10 / D D / Y Y Y Y<br>2023                        |     |                 |            |          |                        |             |     |  |  |  |
|                | City<br>Harrisburg  | State<br>PA                 | Zip Code<br>17112-1040                            |     |                 |            |          | A2023-22<br>leceipt th |             | 1   |  |  |  |
|                | FEC ID number of contributing federal political committee.  | С                           |   |     |                 |            | 7        |                        | 192         | .31 |  |  |  |
|                | Name of Employer (for Individual)<br>Select Medical Corporation                                     |                             | cupation (for Individual)<br>nior Vice President  |     | Me              | emo        | Item     |                        |             |     |  |  |  |
|                | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                   | e Year-to-Date ▼<br>3500.07                       |     |                 |            |          |                        |             |     |  |  |  |
| c.             | Full Name of Individual (Last, First, Middle Initial Kurmakov, Aleksey, N, Mr.,                     | ) or Full O                 | Drganization Name                                 |     | Date of         | Rec        | ceipt    |                        |             |     |  |  |  |
|                | Mailing Address 2409 W Bayberry Dr  |                             |   |     | 10 <sup>M</sup> | 1          | D D D 27 | ) / Y                  | y y<br>2023 | Y   |  |  |  |
|                | City<br>Harrisburg  | State<br>PA                 | Zip Code<br>17112-1040                            |     |                 |            | -        | A2023-2                |             |     |  |  |  |
|                | FEC ID number of contributing federal political committee.  | С                           |   |     |                 | OF E       | Each R   | leceipt th             | 192         | _   |  |  |  |
|                | Name of Employer (for Individual)<br>Select Medical Corporation                                     |                             | cupation (for Individual)<br>nior Vice President  |     | Me              | emo        | Item     |                        |             |     |  |  |  |
|                | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                   | Year-to-Date ▼<br>3692.38                         |     |                 |            |          |                        |             |     |  |  |  |
| s              | UBTOTAL of Receipts This Page (optional)  |                             |   | ▶   |                 |            |          |                        | 576         | 93  |  |  |  |
| т              | OTAL This Period (last page this line number on   | ly)                         |   | ▶   |                 |            | ,        |                        |             |     |  |  |  |

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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| ITEMIZED RECEIPTS |  |                                    |       | Detailed Summary Page                   |     | ×    | 11a             |      | 11   | 1b       |     | 11c               |      | 12               | _  |    |
|-------------------|--|------------------------------------|-------|---|-----|------|-----------------|------|------|----------|-----|-------------------|------|------------------|----|----|
|                   |  |                                    |       |   |     |      | 13              |      | 14   |          |     | 15                |      | 16               |    | 17 |
|                   | y information copied from such Reports and State<br>for commercial purposes, other than using the na |                                    |       |   |     |      |                 |      |      |          |     |                   |      |                  |    |    |
| $\backslash$      | NAME OF COMMITTEE (In Full)  |                                    |       |   |     |      |                 |      |      |          |     |                   |      |                  |    |    |
| $\sum$            | Select Medical Corporation PAC   |                                    |       |   |     |      |                 |      |      |          |     |                   |      |                  |    |    |
| Α.                | Full Name of Individual (Last, First, Middle Initial)<br>Kurmakov, Aleksey, N, Mr.,                  | or Full O                          | rgar  | nization Name                           |     | Da   | ate o           | f Re | ece  | eipt     |     |                   |      |                  |    |    |
|                   | Mailing Address 2409 W Bayberry Dr   | Chata                              |       | Zin Oode                                |     | L    | 11 <sup>M</sup> |      | l    | 10<br>10 |     | / Y               | 20   | 023              | Y  |    |
|                   | City<br>Harrisburg   | State<br>PA                        |       | Zip Code<br>17112-1040                  | -   |      |                 |      | -    |          |     | 2023-2            |      | -                |    |    |
|                   | FEC ID number of contributing federal political committee.   | Amount of Each Receipt this Period |       |   |     |      |                 |      |      |          |     |                   |      |                  |    |    |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                                      |                                    |       | М                                       | emo | o It | em              |      |      |          |     |                   |      |                  |    |    |
|                   | Receipt For:   | Aggregate                          | Yea   | ar-to-Date <b>V</b>                     |     |      |                 |      |      |          |     |                   |      |                  |    |    |
|                   | Other (specify) ▼  | 3884.69                            |       |   |     |      |                 |      |      |          |     |                   |      |                  |    |    |
|                   | Full Name of Individual (Last, First, Middle Initial)<br>Kurmakov, Aleksey, N, Mr.,                  | or Full O                          | rgar  | nization Name                           |     | Da   | ate o           | f Re | ece  | eipt     |     |                   |      |                  |    |    |
|                   | Mailing Address 2409 W Bayberry Dr   |                                    |       | _                                       |     |      | 11 <sup>M</sup> | /    | ľ    | 24       |     | / Y               |      | )23              | Y  |    |
|                   | City   | State<br>PA                        |       | Zip Code                                |     |      |                 |      |      |          |     | 2023-2            |      |                  |    |    |
|                   |  |                                    | _     | 17112-1040                              |     | Ar   | noun            | t of | Ea   | ach F    | łec | eipt th           | is P | eriod            | _  |    |
|                   | FEC ID number of contributing federal political committee.   | C                                  |       |   |     | ļ    | _               |      | 7    | _        |     |                   | _    | 192.3            | 31 |    |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                                      |                                    | •     | tion (for Individual)<br>Vice President |     | L    | М               | emo  | o It | em       |     |                   |      |                  |    |    |
|                   | Receipt For:   | Aggregate                          | Yea   | ar-to-Date 🔻                            |     |      |                 |      |      |          |     |                   |      |                  |    |    |
|                   | Other (specify) ▼  |                                    | ,     | 4077.00                                 |     |      |                 |      |      |          |     |                   |      |                  |    |    |
| C.                | Full Name of Individual (Last, First, Middle Initial)<br>Kurmakov, Aleksey, N, Mr.,                  | or Full O                          | Orgai | nization Name                           |     | Da   | ate o           | f Re | ece  | eipt     |     |                   |      |                  |    |    |
|                   | Mailing Address 2409 W Bayberry Dr   | 1                                  |       | 1                                       |     | L    | 12              | J.   | l    | 08       |     | / Y               | 20   | )23 <sup>°</sup> | Y  |    |
|                   | City<br>Harrisburg   | State<br>PA                        |       | Zip Code<br>17112-1040                  |     |      |                 |      |      |          |     | 2023-2<br>eipt th |      |                  |    |    |
|                   | FEC ID number of contributing federal political committee.   | С                                  |       |   |     |      | nouri           |      | 1    |          | iec | J                 | 10 1 | 192.3            | 31 |    |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                                      |                                    | •     | tion (for Individual)<br>/ice President |     | C    | М               | lemo | o It | tem      |     |                   |      |                  |    |    |
|                   | Receipt For:     A       Primary     General       Other (specify)                                   | Aggregate                          | Yea   | ar-to-Date ▼<br>4269.31                 |     |      |                 |      |      |          |     |                   |      |                  |    |    |
| s                 | UBTOTAL of Receipts This Page (optional)   |                                    |       |   | •   | [    |                 |      | ,    |          | l   | ,                 |      | 576.9            | )3 |    |
| т                 | OTAL This Period (last page this line number only  | y)                                 |       |   | •   | ĺ    |                 |      | -    |          |     | -                 |      |                  |    |    |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|------------------------------|--|----------------|------|--------------------------------------|---|-----------------|------|--------|----------|----------------------|----------|----------|----|
|                              | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na                      |                |      |                                      |   |                 |      |        |          |                      |          |          |    |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PAC  |                |      |                                      |   |                 |      |        |          |                      |          |          |    |
| Α.                           | Full Name of Individual (Last, First, Middle Initial<br>Kurmakov, Aleksey, N, Mr.,<br>Mailing Address 2409 W Bayberry Dr | l) or Full Org | gani | zation Name                          |   | Date o          | _    | · ·    | :<br>D   | / Y                  | Ý        | YYY      |    |
|                              |  |                |      | 7. 0. 1                              |   | 12              |      |        | 22       |                      | 202      |          |    |
|                              | City<br>Harrisburg   | State<br>PA    |      | Zip Code<br>17112-1040               | - |                 |      | -      |          | A2023-2              |          | -        |    |
|                              | FEC ID number of contributing federal political committee.   | С              |      |                                      | _ | Amoun           | tor  | Eacr   |          | eceipt th            |          | 92.31    |    |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation  |                | •    | on (for Individual)<br>ice President |   | М               | emo  | o Iten | n        |                      |          |          |    |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Y    | Year | -to-Date ▼<br>4461.62                |   |                 |      |        |          |                      |          |          |    |
| в.                           | Full Name of Individual (Last, First, Middle Initial Lacey, Mary, B, ,   | l) or Full Org | gani | zation Name                          |   | Date o          | f Re | eceipt | t        |                      |          |          |    |
|                              | Mailing Address 44 Sunfire Avenue  | 1.0.1          |      |                                      |   | м м<br>07       | /    |        | 07       | / Y                  | y<br>202 | ү ү<br>3 |    |
|                              | City<br>Camp Hill  | State<br>PA    |      | Zip Code<br>17011                    | _ |                 |      |        |          | A2023-1<br>eceipt th |          |          |    |
|                              | FEC ID number of contributing federal political committee.   | С              |      |                                      |   |                 |      | -      | _        |                      | 1        | 15.39    | )  |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation  |                |      | on (for Individual)<br>sident        |   | M               | emo  | b Iten | n        |                      |          |          |    |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Y    | Year | -to-Date ▼<br>1615.46                |   |                 |      |        |          |                      |          |          |    |
| <u>с.</u>                    | Full Name of Individual (Last, First, Middle Initial Lacey, Mary, B, ,   | l) or Full Org | gani | zation Name                          |   | Date o          | f Re | eceipt | t        |                      |          |          |    |
|                              | Mailing Address 44 Sunfire Avenue  |                |      |                                      |   | 07 <sup>M</sup> |      |        | 21<br>21 | L                    | 202      |          |    |
|                              | City<br>Camp Hill  | State<br>PA    |      | Zip Code<br>17011                    | _ |                 |      |        |          | A2023-1<br>eceipt th |          |          |    |
|                              | FEC ID number of contributing federal political committee.   | С              |      |                                      |   |                 |      | y      |          | 9                    | 1        | 15.39    | )  |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation  |                | •    | on (for Individual)<br>sident        |   | M               | emo  | o Iten | n        |                      |          |          |    |
|                              | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate Y    | Year | -to-Date ▼<br>1730.85                |   |                 |      |        |          |                      |          |          |    |
| s                            | UBTOTAL of Receipts This Page (optional)   |                |      | ►                                    |   |                 | -    | ,      |          | 5                    | 4        | 23.09    |    |

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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| ITEMIZED RECEIPTS |   |                         |              | Detailed Summary Page   |                  | 11a                |              | 11b             |               | 11c          |               | 12               |             |    |
|-------------------|---|-------------------------|--------------|---|------------------|--------------------|--------------|-----------------|---------------|--------------|---------------|------------------|-------------|----|
|                   |   |                         |              | Detailed Summary Faye   |                  | 13                 |              | 14              |               | 15           |               | 16               |             | 17 |
| Ar<br>or          | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | tements ma<br>ame and a | ay r<br>addr | not be sold or used by any pe<br>ess of any political committee | erson f<br>to so | or the<br>licit co | pur<br>ntrib | pose<br>outions | of s<br>s fro | soliciting   | ) COI<br>1 CO | ntribut<br>mmitt | ions<br>ee. |    |
| $\backslash$      | NAME OF COMMITTEE (In Full)   |                         |              |   |                  |                    |              |                 |               |              |               |                  |             |    |
| $\Big\rangle$     | Select Medical Corporation PAC  |                         |              |   |                  |                    |              |                 |               |              |               |                  |             |    |
| Α.                | Full Name of Individual (Last, First, Middle Initia<br>Lacey, Mary, B, ,                          | l) or Full C            | Drga         | nization Name   |                  | Date o             | f Re         | eceipt          |               |              |               |                  |             |    |
|                   | Mailing Address 44 Sunfire Avenue   |                         |              | 1   |                  | м<br>08            | /            | D               | D4            | / Y          |               | 023<br>0         | Y           |    |
|                   | City  | State                   |              | Zip Code  |                  | Trans              | sact         | ion ID          | ): A          | 2023-1       | 679           | 309              |             |    |
|                   | Camp Hill   | PA                      |              | 17011   | /                | Amoun              | t of         | Each            | Re            | ceipt th     | is P          | eriod            |             |    |
|                   | FEC ID number of contributing federal political committee.  | С                       |              |   |                  |                    |              | -               |               |              | Ξ.            | 115.3            | 39          |    |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                                   |                         | •            | tion (for Individual)<br>esident                                |                  | N                  | lemo         | o Item          | I             |              |               |                  |             |    |
|                   | Receipt For:  | Aggregate               | Yea          | ar-to-Date 🔻  |                  |                    |              |                 |               |              |               |                  |             |    |
|                   | Primary General<br>Other (specify) ▼  |                         | -            | 1846.24   |                  |                    |              |                 |               |              |               |                  |             |    |
| В.                | Full Name of Individual (Last, First, Middle Initia<br>Lacey, Mary, B, ,                          | l) or Full C            | Drga         | nization Name   |                  | Date o             | f Re         | eceipt          |               |              |               |                  |             |    |
|                   | Mailing Address 44 Sunfire Avenue   |                         |              |   |                  | M M                | /            | D<br>1          | D<br>18       | / Y          |               | )23              | Y           |    |
|                   | City  | State                   |              | Zip Code  |                  | Trans              | acti         | ion ID          | ):A           | 2023-1       | 884           | 985              |             |    |
|                   | Camp Hill   | PA                      |              | 17011   | /                | Amoun              | t of         | Each            | Re            | ceipt th     | is P          | eriod            |             |    |
|                   | FEC ID number of contributing federal political committee.  | С                       |              |   |                  |                    |              |                 |               |              | _             | 115.3            | 89          |    |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                                   |                         | •            | tion (for Individual)<br>esident                                |                  | N                  | lemo         | o Item          | ı             |              |               |                  |             |    |
|                   | Receipt For:  | Aggregate               | Yea          | ar-to-Date 🔻  |                  |                    |              |                 |               |              |               |                  |             |    |
|                   | Primary General<br>Other (specify) ▼  |                         | ,            | 1961.63   |                  |                    |              |                 |               |              |               |                  |             |    |
| С.                | Full Name of Individual (Last, First, Middle Initia<br>Lacey, Mary, B, ,                          | l) or Full C            | Drga         | nization Name   |                  | Date o             | f Re         | eceipt          |               |              |               |                  |             |    |
|                   | Mailing Address 44 Sunfire Avenue   |                         |              | -   |                  | 09                 | /            |                 | D1            | / Y          |               | )23 <sup>°</sup> | Ŷ           |    |
|                   | City  | State                   |              | Zip Code  |                  | Tran               | sact         | ion ID          | ):A           | 2023-1       | 924           | 760              |             |    |
|                   | Camp Hill   | PA                      |              | 17011   | _ /              | Amoun              | t of         | Each            | Re            | ceipt th     | is P          | eriod            |             |    |
|                   | FEC ID number of contributing federal political committee.  | С                       |              |   |                  |                    |              | 9               |               | 9            | _             | 115.3            | 39          |    |
|                   | Name of Employer (for Individual)   | Occ                     | upa          | tion (for Individual)   |                  | N                  | lemo         | o Item          | ٦             |              |               |                  |             |    |
|                   | Select Medical Corporation  | Vice                    | e Pre        | esident   |                  |                    |              |                 |               |              |               |                  |             |    |
|                   | Receipt For:  | Aggregate               | Yea          | ar-to-Date 🔻  |                  |                    |              |                 |               |              |               |                  |             |    |
|                   | Primary General   | 33 - 3                  |              |   |                  |                    |              |                 |               |              |               |                  |             |    |
|                   | Other (specify)   | L                       | -17-         | 2077.02   |                  |                    |              |                 |               |              |               |                  |             |    |
| s                 | UBTOTAL of Receipts This Page (optional)  |                         |              | •••••   |                  |                    |              | ,               |               | ,            | _             | 346.1            | 7           |    |
| т                 | OTAL This Period (last page this line number on   | nly)                    |              |   |                  |                    |              | -               |               | - <b>T</b> - |               |                  |             |    |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

FOR LINE NUMBER:

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|             | EMIZED RECEIPTS  |               | for each category of the<br>Detailed Summary Page |                | X 11a<br>13     | 11k      | 0 11c<br>15                        | 12<br>16 | 17   |  |  |  |  |
|-------------|--|---------------|---|----------------|-----------------|----------|------------------------------------|----------|------|--|--|--|--|
|             | ny information copied from such Reports and Sta<br>for commercial purposes, other than using the r |               |   |                |                 |          |                                    |          |      |  |  |  |  |
| $\setminus$ | NAME OF COMMITTEE (In Full)  |               |   |                |                 |          |                                    |          |      |  |  |  |  |
|             | Select Medical Corporation PAC   |               |   |                |                 |          |                                    |          |      |  |  |  |  |
| Α.          |  | al) or Full C | Drganization Name                                 |                | Date of Receipt |          |                                    |          |      |  |  |  |  |
|             | Mailing Address 44 Sunfire Avenue  | State         | Zip Code  |                |                 |          |                                    |          |      |  |  |  |  |
|             | Camp Hill  | PA            | 17011   |                |                 |          | ID: A2023-<br>ch Receipt t         |          | d    |  |  |  |  |
|             | FEC ID number of contributing federal political committee.   | С             |   |                |                 |          |                                    | 192      | 2.31 |  |  |  |  |
|             | Name of Employer (for Individual)<br>Select Medical Corporation                                    |               | cupation (for Individual)<br>e President          |                | N               | lemo Ite | m                                  |          |      |  |  |  |  |
|             | Receipt For:   | Aggregate     | Year-to-Date ▼<br>2269.3                          | 3              |                 |          |                                    |          |      |  |  |  |  |
| В.          | Full Name of Individual (Last, First, Middle Initia<br>Lacey, Mary, B, ,                           |               | Date of Receipt                                   |                |                 |          |                                    |          |      |  |  |  |  |
|             | Mailing Address 44 Sunfire Avenue  |               | 09 / D D / Y Y Y Y<br>29 2023                     |                |                 |          |                                    |          |      |  |  |  |  |
|             | City<br>Camp Hill  | State<br>PA   | Zip Code<br>17011                                 |                |                 |          | <b>ID : A2023-</b><br>ch Receipt t |          |      |  |  |  |  |
|             | FEC ID number of contributing federal political committee.   |               | 192.31  |                |                 |          |                                    |          |      |  |  |  |  |
|             | Name of Employer (for Individual)<br>Select Medical Corporation                                    |               | cupation (for Individual)<br>e President          |                | Memo Item       |          |                                    |          |      |  |  |  |  |
|             | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate     | Year-to-Date ▼<br>2461.6                          | 64             |                 |          |                                    |          |      |  |  |  |  |
| с.          | Full Name of Individual (Last, First, Middle Initia<br>Lacey, Mary, B, ,                           | al) or Full C | Drganization Name                                 |                | Date of Receipt |          |                                    |          |      |  |  |  |  |
|             | Mailing Address 44 Sunfire Avenue  |               |   |                |                 |          |                                    |          |      |  |  |  |  |
|             | City<br>Camp Hill  | State<br>PA   | Zip Code<br>17011                                 |                |                 |          | ID: A2023-<br>ch Receipt t         |          | d    |  |  |  |  |
|             | FEC ID number of contributing federal political committee.   | С             |   |                |                 |          |                                    | 192      | 2.31 |  |  |  |  |
|             | Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:                    | Vice          | cupation (for Individual)<br>e President          |                | Memo Item       |          |                                    |          |      |  |  |  |  |
|             | Primary General<br>Other (specify)   | Aggregate     | Year-to-Date ▼<br>2653.9                          | 5              |                 |          |                                    |          |      |  |  |  |  |
| s           | UBTOTAL of Receipts This Page (optional)   |               |   | ►              | <u> </u>        |          | ,                                  | 576      | .93  |  |  |  |  |
| Т           | OTAL This Period (last page this line number of  | nly)          |   | ····· <b>Þ</b> |                 |          |                                    |          | -    |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
|--------------|---------------|
| ITEMIZED REC | EIPTS         |

FOR LINE NUMBER:

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|   | EMIZED RECEIPTS   |              |        | or each category of the<br>Detailed Summary Page |       | -                               | 1a<br>3         |                                    | 11b<br>14 | 11c       |       | 12<br>16 | 17    |  |  |  |  |  |
|---|---|--------------|--------|--|-------|---------------------------------|-----------------|------------------------------------|-----------|-----------|-------|----------|-------|--|--|--|--|--|
|   | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na |              |        |  |       | for                             | the p           |                                    | ose of    | solicitin |       | ntribu   | tions |  |  |  |  |  |
|   | NAME OF COMMITTEE (In Full)   |              |        |  |       |                                 |                 |                                    |           |           |       |          |       |  |  |  |  |  |
| $\Big\rangle$   | Select Medical Corporation PAC  |              |        |  |       |                                 |                 |                                    |           |           |       |          |       |  |  |  |  |  |
| A.  | Full Name of Individual (Last, First, Middle Initial Lacey, Mary, B, ,                              | ) or Full O  | rgai   | nization Name                                    |       | Date of Receipt                 |                 |                                    |           |           |       |          |       |  |  |  |  |  |
|   | Mailing Address 44 Sunfire Avenue   | 1            |        |  |       | 10 / D D / Y Y Y Y<br>2023      |                 |                                    |           |           |       |          |       |  |  |  |  |  |
|   | City  | State<br>PA  |        | Zip Code   |       | T                               | ransa           | acti                               | on ID :   | A2023-2   | 23538 | 851      |       |  |  |  |  |  |
|   | Camp Hill   | FA           |        | 17011  |       | Am                              | ount            | of I                               | Each F    | Receipt t | nis P | eriod    | bd    |  |  |  |  |  |
|   | FEC ID number of contributing federal political committee.  | С            |        |  |       |                                 |                 |                                    | 7         |           | _     | 192.     | 31    |  |  |  |  |  |
|   | Name of Employer (for Individual)<br>Select Medical Corporation                                     |              | •      | ion (for Individual)<br>esident                  |       |                                 | Me              | mo                                 | ltem      |           |       |          |       |  |  |  |  |  |
|   | Receipt For:  | Aggregate    | Yea    | r-to-Date ▼                                      |       |                                 |                 |                                    |           |           |       |          |       |  |  |  |  |  |
|   | Primary General<br>Other (specify) ▼  |              |        | 2846.26  |       |                                 |                 |                                    |           |           |       |          |       |  |  |  |  |  |
|   | Full Name of Individual (Last, First, Middle Initial  | ) or Full O  | rgar   | nization Name                                    |       |                                 |                 |                                    |           |           |       |          |       |  |  |  |  |  |
| Β.  | Lacey, Mary, B, ,   |              | _      | Dat  | te of | Ree                             | ceipt           |                                    |           |           |       |          |       |  |  |  |  |  |
| Mailing Address 44 Sunfire Avenue                               |   |              |        |  |       | 11 / D D / Y Y Y Y<br>10 / 2023 |                 |                                    |           |           |       |          |       |  |  |  |  |  |
|   | City<br>Comp Hill   | State<br>PA  |        | Zip Code<br>17011                                | -     |                                 |                 |                                    |           | A2023-2   |       |          |       |  |  |  |  |  |
|   | Camp Hill   |              |        |  |       |                                 |                 | Amount of Each Receipt this Period |           |           |       |          |       |  |  |  |  |  |
|   | FEC ID number of contributing federal political committee.  | C            |        |  |       |                                 | 192.31          |                                    |           |           |       |          |       |  |  |  |  |  |
|   | Name of Employer (for Individual)<br>Select Medical Corporation                                     | Occu<br>Vice |        | Memo Item  |       |                                 |                 |                                    |           |           |       |          |       |  |  |  |  |  |
|   | Receipt For:  | Aggregate    | Yea    | r-to-Date ▼                                      |       |                                 |                 |                                    |           |           |       |          |       |  |  |  |  |  |
|   | Primary General   |              |        |  |       |                                 |                 |                                    |           |           |       |          |       |  |  |  |  |  |
|   | Other (specify) <b>v</b>  |              | ,      | 3038.57  |       |                                 |                 |                                    |           |           |       |          |       |  |  |  |  |  |
| C.  | Full Name of Individual (Last, First, Middle Initial Lacey, Mary, B, ,                              | ) or Full O  | rgai   | nization Name                                    |       | Dat                             | te of           | Re                                 | ceipt     |           |       |          |       |  |  |  |  |  |
|   | Mailing Address 44 Sunfire Avenue   | 1            |        |  |       |                                 | 11 <sup>M</sup> | /                                  | 24        | J L       | 20    | 23       | Y     |  |  |  |  |  |
|   | City<br>Camp Hill   | State<br>PA  |        | Zip Code<br>17011                                | -     |                                 |                 |                                    | -         | A2023-2   |       |          |       |  |  |  |  |  |
|   |   | 1.77         | -      | 17011  | - '   | Am                              | ount            | of I                               | Each F    | Receipt t | is P  | eriod    |       |  |  |  |  |  |
|   | FEC ID number of contributing federal political committee.  | С            |        |  |       | 192.31                          |                 |                                    |           |           |       |          |       |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation |   |              | •      | ion (for Individual)<br>esident                  |       | Memo Item                       |                 |                                    |           |           |       |          |       |  |  |  |  |  |
|   | Receipt For:  | Aggregate    | Yea    | r-to-Date ▼                                      |       |                                 |                 |                                    |           |           |       |          |       |  |  |  |  |  |
|   | Primary General<br>Other (specify)  |              | -<br>- | 3230.88  |       |                                 |                 |                                    |           |           |       |          |       |  |  |  |  |  |
| s   | UBTOTAL of Receipts This Page (optional)  |              |        | •••••  |       |                                 | _               |                                    | , .       | 9         | -     | 576.     | 93    |  |  |  |  |  |
|   |   |              |        |  |       |                                 |                 |                                    |           |           |       |          |       |  |  |  |  |  |

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

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

I

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  |   |   |                | se separate schedule(s)                                       | (check only one) |                               |                                       |                          |                  |                  |           |  |  |  |
|--|---|---|----------------|---|------------------|-------------------------------|---------------------------------------|--------------------------|------------------|------------------|-----------|--|--|--|
|  |   |   |                | or each category of the<br>tetailed Summary Page              | [                | <b>X</b> 11a                  | 11b                                   | 11c                      | 1                | 2                |           |  |  |  |
|  |   |   |                |   |                  | 13                            | 14                                    | 15                       | 1                | 6                | 17        |  |  |  |
| Ar<br>or   | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r | tements ma<br>ame and a                       | ay no<br>Iddre | ot be sold or used by any pe<br>ss of any political committee | to s             | for the solicit cor           | purpose o<br>tributions               | of solicitin<br>from suc | g cont<br>ch com | ributio<br>mitte | ons<br>Ə. |  |  |  |
| $\setminus$  | NAME OF COMMITTEE (In Full)   |   |                |   |                  |                               |                                       |                          |                  |                  |           |  |  |  |
|  | Select Medical Corporation PAC  |   |                |   |                  |                               |                                       |                          |                  |                  |           |  |  |  |
| Α.   | Full Name of Individual (Last, First, Middle Initia Lacey, Mary, B, ,                             | l) or Full O                                  | rgan           | ization Name  |                  | Date of                       | Receipt                               |                          |                  |                  |           |  |  |  |
|  | Mailing Address 44 Sunfire Avenue   |   |                |   |                  | 12 08 2023                    |                                       |                          |                  |                  |           |  |  |  |
|  | City  | State   |                | Zip Code  |                  | Trans                         | action ID                             | : A2023-                 | 27263            | 53               |           |  |  |  |
|  | Camp Hill   | PA  |                | 17011   | _                | Amount                        | of Each                               | Receipt t                | his Pe           | riod             |           |  |  |  |
| FEC ID number of contributing federal political committee.   |   |   |                |   |                  |                               |                                       |                          | 1                | 192.3 <i>′</i>   |           |  |  |  |
| Name of Employer (for Individual)Occupation (for Individual)Select Medical CorporationVice President |   |   |                | on (for Individual)<br>sident                                 |                  | Me                            | emo Item                              |                          |                  |                  |           |  |  |  |
|  | Receipt For:  | Aggregate                                     | Year           | r-to-Date ▼   |                  |                               |                                       |                          |                  |                  |           |  |  |  |
|  | Primary General   |   |                | 3423.19   |                  |                               |                                       |                          |                  |                  |           |  |  |  |
|  | Other (specify) <b>v</b>  |   | -              |   |                  |                               |                                       |                          |                  |                  |           |  |  |  |
|  | Full Name of Individual (Last, First, Middle Initia   | l) or Full O                                  | rgan           | ization Name  |                  |                               |                                       |                          |                  |                  |           |  |  |  |
| В.   | Lacey, Mary, B, ,   |   |                | Date of   | Receipt          |                               |                                       |                          |                  |                  |           |  |  |  |
|  | Mailing Address 44 Sunfire Avenue   |   |                |   |                  | 12 / D D / Y Y Y Y<br>22 2023 |                                       |                          |                  |                  |           |  |  |  |
|  | City<br>Comp Lill   | State<br>PA                                   |                | Zip Code<br>17011   |                  |                               |                                       | : A2023-2                |                  |                  |           |  |  |  |
|  | Camp Hill   |   |                | 17011   | _                | Amount                        | of Each                               | Receipt t                | his Pei          | riod             |           |  |  |  |
|  | FEC ID number of contributing federal political committee.  | C   |                |   |                  | 192.31                        |                                       |                          |                  |                  |           |  |  |  |
|  | Name of Employer (for Individual)<br>Select Medical Corporation                                   | Occupation (for Individual)<br>Vice President |                |   |                  | Memo Item                     |                                       |                          |                  |                  |           |  |  |  |
|  | Receipt For:  | Aggregate                                     | Year           | r-to-Date ▼   |                  |                               |                                       |                          |                  |                  |           |  |  |  |
|  | Primary General<br>Other (specify) ▼  |   | <b>,</b>       | 3615.50   |                  |                               |                                       |                          |                  |                  |           |  |  |  |
| <u> </u>   | Full Name of Individual (Last, First, Middle Initia<br>Lindley, Lauren, B, Ms.,                   | l) or Full O                                  | rgan           | ization Name  |                  | Date of                       | Receipt                               |                          |                  |                  |           |  |  |  |
|  | Mailing Address 36 Indian Bayou Drive   |   |                |   |                  | м м<br>07                     | / D<br>0                              | D / 7                    | 202              |                  |           |  |  |  |
|  | City  | State   |                | Zip Code  |                  | Trans                         | action ID                             | : A2023-                 | 163326           | 65               |           |  |  |  |
|  | Destin  | FL  |                | 32541   |                  | Amount                        | of Each                               | Receipt t                | his Pe           | riod             |           |  |  |  |
| FEC ID number of contributing federal political committee.   |   | С   |                |   |                  | 115.39                        |                                       |                          |                  |                  |           |  |  |  |
|  | Name of Employer (for Individual)   |   | •              | on (for Individual)   |                  | Me                            | emo Item                              |                          |                  |                  |           |  |  |  |
|  | Select Medical Corporation  | Vice  | Pres           | sident of Operations  |                  |                               |                                       |                          |                  |                  |           |  |  |  |
|  | Receipt For:  | Aggregate                                     | Year           | r-to-Date ▼   |                  |                               |                                       |                          |                  |                  |           |  |  |  |
|  | Other (specify)   |   | -              | 1615.46   |                  |                               |                                       |                          |                  |                  |           |  |  |  |
|  | UBTOTAL of Receipts This Page (optional)  |   |                | · ·   | -                |                               | , , , , , , , , , , , , , , , , , , , | · · ·                    | 5                | 500.01           |           |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|                              | EMIZED RECEIPTS  |                                     |   | for each category of the<br>Detailed Summary Page |  | _          | 11a   |                            | 11  | -     | 110            | ; [  | 12     |        |    |  |
|------------------------------|--|-------------------------------------|---|---|--|------------|-------|----------------------------|-----|-------|----------------|------|--------|--------|----|--|
|                              | y information copied from such Reports and State<br>for commercial purposes, other than using the na                       |                                     |   |   |  | fo         |       |                            |     | se of |                |      |        | utions | 17 |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PAC  |                                     |   |   |  |            |       |                            |     |       |                |      |        |        |    |  |
| A.                           | Full Name of Individual (Last, First, Middle Initial)<br>Lindley, Lauren, B, Ms.,<br>Mailing Address 36 Indian Bayou Drive | ) or Full O                         | rga   | nization Name                                     | Date of Receipt                              |            |       |                            |     |       |                |      |        |        |    |  |
|                              | City   | State                               | Zip Code  |   | 07 21 2023<br>Transaction ID : A2023-1635708 |            |       |                            |     |       |                |      |        |        |    |  |
|                              | Destin   | FL                                  |   | 32541   |  | A          | noun  | t of                       | Ea  | ach F | Receip         | this | Period | ł      |    |  |
|                              | FEC ID number of contributing federal political committee.   | С                                   |   |   | 115.39                                       |            |       |                            |     |       |                |      |        |        |    |  |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:  | Occi<br>Vice                        | Memo Item                                       |   |  |            |       |                            |     |       |                |      |        |        |    |  |
|                              | Primary General<br>Other (specify) ▼   | Aggregate                           | Yea   | ar-to-Date ▼<br>1730.85                           | ]  |            |       |                            |     |       |                |      |        |        |    |  |
| в.                           | Full Name of Individual (Last, First, Middle Initial   | ) or Full O                         | rga   | nization Name                                     |  | D          | ate o | f Re                       | ece | ipt   |                |      |        |        |    |  |
|                              | Mailing Address 36 Indian Bayou Drive  |                                     |   |   |  |            |       | 08 / D D / Y Y Y Y<br>2023 |     |       |                |      |        |        |    |  |
|                              | City<br>Destin   | State<br>FL                         |   | Zip Code<br>32541                                 |  |            |       |                            |     |       | A202<br>Receip |      |        | k      |    |  |
|                              | FEC ID number of contributing federal political committee.   |                                     |   |   |  |            | -     |                            |     |       | 115            | .39  |        |        |    |  |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation  | •                                   | tion (for Individual)<br>resident of Operations |   | Memo Item                                    |            |       |                            |     |       |                |      |        |        |    |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼   | ar-to-Date ▼<br>1846.24             |   |   |  |            |       |                            |     |       |                |      |        |        |    |  |
| с.                           | Full Name of Individual (Last, First, Middle Initial)<br>Lindley, Lauren, B, Ms.,  | ) or Full O                         | rga   | nization Name                                     |  | D          | ate o | f Re                       | ece | ipt   |                |      |        |        |    |  |
|                              | Mailing Address 36 Indian Bayou Drive  |                                     |   |   |  | 08 18 2023 |       |                            |     |       |                |      |        |        |    |  |
|                              | City<br>Destin   | State<br>FL                         |   | Zip Code<br>32541                                 | -  |            |       |                            |     |       | A202<br>Receip |      |        | 4      |    |  |
|                              | FEC ID number of contributing federal political committee.   | ID number of contributing           |   |   |  |            |       |                            | ,   |       | ,              |      | 115    |        | ]  |  |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation  |                                     | •   | tion (for Individual)<br>esident of Operations    |  | Memo Item  |       |                            |     |       |                |      |        |        |    |  |
|                              | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate Year-to-Date ▼<br>1961.63 |   |   |  |            |       |                            | 1   |       |                |      |        |        |    |  |
| s                            | UBTOTAL of Receipts This Page (optional)   |                                     |   |   |  | Γ          |       |                            |     |       |                |      | 346    | .17    | 1  |  |
| Т                            | OTAL This Period (last page this line number onl   | y)                                  |   |   | -  | Ē          |       |                            | 7   |       |                |      |        |        | j  |  |

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

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

FOR LINE NUMBER:

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|                      | EMIZED RECEIPTS  |             |      | or each category o<br>Detailed Summary        |                              | ×               | -               |       | ] 11b  |       | 11c                  |      | 12              |      |    |  |  |
|----------------------|--|-------------|------|---|------------------------------|-----------------|-----------------|-------|--------|-------|----------------------|------|-----------------|------|----|--|--|
|                      | y information copied from such Reports and State<br>for commercial purposes, other than using the na                       |             |      |   |                              |                 |                 |       |        |       |                      |      |                 | ions | 17 |  |  |
| $\overline{\langle}$ | NAME OF COMMITTEE (In Full)  |             |      |   | committee                    | 10 30           |                 |       | Julioi | 13 11 |                      | 1.00 |                 |      |    |  |  |
| $\rangle$            | Select Medical Corporation PAC   |             |      |   |                              |                 |                 |       |        |       |                      |      |                 |      |    |  |  |
| Α.                   | Full Name of Individual (Last, First, Middle Initial)<br>Lindley, Lauren, B, Ms.,<br>Mailing Address 36 Indian Bayou Drive | or Full O   | rgar | nization Name                                 |                              | Date of Receipt |                 |       |        |       |                      |      |                 |      |    |  |  |
|                      | City   | State       |      | Zip Code                                      |                              | -               | 09              |       |        | 01    | A2023-1              | 20   | 023             |      |    |  |  |
|                      | Destin   | FL          |      | 32541   |                              |                 |                 |       |        |       | eceipt th            |      |                 |      |    |  |  |
|                      | FEC ID number of contributing federal political committee.   | С           |      |   |                              |                 |                 |       | -      |       |                      | _    | 115.3           | 9    |    |  |  |
|                      | Name of Employer (for Individual)<br>Select Medical Corporation  |             | •    | ion (for Individual)<br>esident of Operatior  | าร                           |                 | N               | lemo  | o Iter | n     |                      |      |                 |      |    |  |  |
|                      | Receipt For:       A         Primary       General         Other (specify) ▼   | Aggregate   | Yea  | ur-to-Date ▼<br>20                            | 77.02                        |                 |                 |       |        |       |                      |      |                 |      |    |  |  |
| в.                   | Full Name of Individual (Last, First, Middle Initial)<br>Lindley, Lauren, B, Ms.,  | or Full O   | rgar | nization Name                                 |                              |                 | Date o          | f Re  | eceip  | t     |                      |      |                 |      |    |  |  |
|                      | Mailing Address 36 Indian Bayou Drive  | 1           |      |   | 09 / D D / Y Y Y Y Y<br>2023 |                 |                 |       |        |       |                      |      |                 |      |    |  |  |
|                      | City<br>Destin   | State<br>FL |      | Zip Code<br>32541                             |                              |                 |                 |       |        |       | A2023-2<br>eceipt th |      |                 |      |    |  |  |
|                      | FEC ID number of contributing federal political committee.   | С           |      | 115.39  |                              |                 |                 |       |        |       |                      |      |                 |      |    |  |  |
|                      | Name of Employer (for Individual)<br>Select Medical Corporation  |             | •    | tion (for Individual)<br>esident of Operation | ns                           |                 | N               | lemo  | o Iter | n     |                      |      |                 |      |    |  |  |
|                      | Receipt For:       µ         Primary       General         Other (specify) ▼   | Aggregate   | Yea  | r-to-Date ▼<br>21                             | 92.41                        |                 |                 |       |        |       |                      |      |                 |      |    |  |  |
| с.                   | Full Name of Individual (Last, First, Middle Initial)<br>Lindley, Lauren, B, Ms.,  | or Full O   | rgar | nization Name                                 |                              |                 | Date o          | of Re | eceip  | t     |                      |      |                 |      |    |  |  |
|                      | Mailing Address 36 Indian Bayou Drive  |             |      |   |                              |                 | <sup>M</sup> 09 | /     | D      | 29    | / Y                  |      | )23             | Y    |    |  |  |
|                      | City<br>Destin   | State<br>FL |      | Zip Code<br>32541                             |                              |                 |                 |       |        |       | A2023-2              |      |                 | _    |    |  |  |
|                      | FFC ID number of contributing  | C           |      | 02011   |                              |                 | Amoun           | it of | Eac    | h R   | eceipt th            | is P | 'eriod<br>115.3 | 9    |    |  |  |
|                      | Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:  | Vice        | Pre  | ion (for Individual)<br>esident of Operation  | IS                           |                 | N               | lemo  | o Itei | m     |                      |      |                 |      |    |  |  |
|                      | Primary General<br>Other (specify)   |             | Yea  | ur-to-Date ▼<br>23                            | 07.80                        |                 |                 |       |        |       |                      |      |                 |      |    |  |  |
| s                    | UBTOTAL of Receipts This Page (optional)   |             |      |   | ····· ►                      |                 |                 |       | ,      |       | ,                    |      | 346.1           | 7    |    |  |  |
| т                    | OTAL This Period (last page this line number only  | y)          |      |   |                              |                 |                 |       | -      |       | - 7                  |      |                 |      |    |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED RECEIPTS  |                    | for each category of the<br>Detailed Summary Page   | X         11a         11b         11c         12           13         14         15         16         17                     |  |  |  |  |  |  |  |  |  |  |
|--|--------------------|---|---|--|--|--|--|--|--|--|--|--|--|
| or for commercial purposes, other than using   |                    |   | erson for the purpose of soliciting contributions   |  |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full) Select Medical Corporation P   | AC                 |   |   |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>A. Lindley, Lauren, B, Ms.,<br>Mailing Address 36 Indian Bayou Drive   | Initial) or Full C | organization Name   | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |
| City<br>Destin   | State<br>FL        | Zip Code<br>32541   | Transaction ID : A2023-2294512           Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | С                  |   | 115.39  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼  | Vice               | upation (for Individual)<br>e President of Operations<br>Year-to-Date ▼<br>2423.19                    | Memo Item   |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>Lindley, Lauren, B, Ms.,<br>Mailing Address 36 Indian Bayou Drive  | Initial) or Full C | organization Name   | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |
| City<br>Destin<br>FEC ID number of contributing  | State<br>FL        | Zip Code<br>32541   | 10     27     2023       Transaction ID : A2023-2353857       Amount of Each Receipt this Period                              |  |  |  |  |  |  |  |  |  |  |
| federal political committee.          Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼                  | Vice               | upation (for Individual)<br>e President of Operations<br>Year-to-Date ▼<br>2538.58                    |   |  |  |  |  |  |  |  |  |  |  |
| C. Full Name of Individual (Last, First, Middle<br>Lindley, Lauren, B, Ms.,<br>Mailing Address 36 Indian Bayou Drive   | Initial) or Full C | organization Name   | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |
| City<br>Destin<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:<br>Primary General<br>Other (specify) | Vice               | Zip Code<br>32541<br>upation (for Individual)<br>President of Operations<br>Year-to-Date ▼<br>2653.97 | 11     10     2023       Transaction ID : A2023-2465177       Amount of Each Receipt this Period       115.39       Memo Item |  |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)<br>TOTAL This Period (last page this line numb   |                    |   | 346.17  |  |  |  |  |  |  |  |  |  |  |

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|                              | EMIZED RECEIPTS  |              |     | for each category of the<br>Detailed Summary Page |                                    | ×  | 11a             |      | 11     | ·          | 110              | ; | 12   | <u> </u> | 7        |  |  |  |
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|                              | y information copied from such Reports and State<br>for commercial purposes, other than using the na     |              |     |   |                                    |  |                 |      |        | se of      |                  |   |      |          | <u>(</u> |  |  |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PAC  |              |     |   |                                    |  |                 |      |        |            |                  |   |      |          |          |  |  |  |
| A.                           | Full Name of Individual (Last, First, Middle Initial)<br>Lindley, Lauren, B, Ms.,                        | ) or Full O  | rga | nization Name                                     |                                    | Date of Receipt                              |                 |      |        |            |                  |   |      |          |          |  |  |  |
|                              | Mailing Address 36 Indian Bayou Drive  | State        |     | Zip Code  |                                    | 11 24 2023<br>Transaction ID : A2023-2587524 |                 |      |        |            |                  |   |      |          |          |  |  |  |
|                              | Destin   | FL           |     | 32541   |                                    |  |                 |      |        |            | Receipt          |   |      | 1        |          |  |  |  |
|                              | FEC ID number of contributing federal political committee.   | С            | l   |   |                                    |  |                 |      |        |            |                  |   | 115  | _        | ]        |  |  |  |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation  |              | •   | tion (for Individual)<br>resident of Operations   | Memo Item                          |  |                 |      |        |            |                  |   |      |          |          |  |  |  |
|                              | Receipt For:       Ø         Primary       General         Other (specify) ▼                             | Aggregate    | Yea | ar-to-Date ▼<br>2769.36                           |                                    |  |                 |      |        |            |                  |   |      |          |          |  |  |  |
| в.                           | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lindley, Lauren, B, Ms., |              |     |   |                                    |  | Date of Receipt |      |        |            |                  |   |      |          |          |  |  |  |
|                              | Mailing Address 36 Indian Bayou Drive  |              |     |   |                                    |  |                 |      |        | 12 08 2023 |                  |   |      |          |          |  |  |  |
|                              | City<br>Destin   | State<br>FL  |     | Zip Code<br>32541                                 |                                    |  |                 |      |        |            | A202:<br>Receipt |   |      | 1        |          |  |  |  |
|                              | FEC ID number of contributing federal political committee.   | С            |     |   |                                    |  |                 |      | 115.39 |            |                  |   |      |          |          |  |  |  |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation  | Occi<br>Vice |     | Memo Item   |                                    |  |                 |      |        |            |                  |   |      |          |          |  |  |  |
|                              | Receipt For:       //         Primary       General         Other (specify) ▼                            | Aggregate    |     |   |                                    |  |                 |      |        |            |                  |   |      |          |          |  |  |  |
| с.                           | Full Name of Individual (Last, First, Middle Initial)<br>Lindley, Lauren, B, Ms.,                        | ) or Full O  | rga | nization Name                                     |                                    | D  | ate o           | f Re | ace    | ipt        |                  |   |      |          |          |  |  |  |
|                              | Mailing Address 36 Indian Bayou Drive  |              |     |   |                                    | l  | 12 <sup>M</sup> | /    | Ē      | 22         |                  |   | 2023 | Ŷ        |          |  |  |  |
|                              | City<br>Destin   | State<br>FL  |     | Zip Code<br>32541                                 | -                                  |  |                 |      |        |            | A202             |   |      |          |          |  |  |  |
|                              | FEC ID number of contributing federal political committee.   | C            |     |   | Amount of Each Receipt this Period |  |                 |      |        |            |                  |   |      | _        | ]        |  |  |  |
| Select Medical Corporation   |  |              |     | tion (for Individual)<br>esident of Operations    |                                    | Memo Item                                    |                 |      |        |            |                  |   |      |          |          |  |  |  |
|                              | Receipt For:     //       Primary     General       Other (specify)                                      | Aggregate    | Yea | ar-to-Date ▼<br>3000.00                           |                                    |  |                 |      |        |            |                  |   |      |          |          |  |  |  |
| s                            | UBTOTAL of Receipts This Page (optional)   |              |     | •••••   | <u>i</u>                           | [  |                 |      |        |            |                  |   | 346  | 03       | ]        |  |  |  |
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FEC Schedule A (Form 3X) Rev. 06/2016

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| ITEMIZED RECEIPTS   |  | for each category of the<br>Detailed Summary Page   | X         11a         11b         11c         12           13         14         15         16         17                          |
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| or for commercial purposes, other than using  |  |   | erson for the purpose of soliciting contributions  |
| NAME OF COMMITTEE (In Full) Select Medical Corporation F  | PAC                                      |   |  |
| Full Name of Individual (Last, First, Middle<br>Malatesta, Michael, F, Mr.,<br>Mailing Address 4145 Serenity Street<br>City<br>Schwenksville<br>FEC ID number of contributing<br>federal political committee.   | e Initial) or Full C<br>State<br>PA<br>C | Zip Code<br>19473   | Date of Receipt  |
| Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼   | Sen                                      | upation (for Individual)<br>ior Vice President<br>Year-to-Date ▼<br>2692.34                       | Memo Item  |
| Full Name of Individual (Last, First, Middle         Malatesta, Michael, F, Mr.,         Mailing Address 4145 Serenity Street         City         Schwenksville         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Others (market) | State<br>PA<br>C<br>Occ<br>Ser           | Zip Code<br>19473<br>upation (for Individual)<br>nior Vice President<br>Year-to-Date ▼<br>2884.65 | Date of Receipt  |
| C. Full Name of Individual (Last, First, Middle<br>Malatesta, Michael, F, Mr.,<br>Mailing Address 4145 Serenity Street<br>City<br>Schwenksville<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)   | State<br>PA                              |   | Date of Receipt<br>08<br>04<br>2023<br>Transaction ID : A2023-1679298<br>Amount of Each Receipt this Period<br>192.31<br>Memo Item |
| Select Medical Corporation          Receipt For:         Primary       General         Other (specify)  | Sen                                      | ior Vice President<br>Year-to-Date ▼<br>3076.96   |  |
| SUBTOTAL of Receipts This Page (optional  |  |   |  |
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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED RECEIPTS  |   | for each category of the<br>Detailed Summary Page                    |                                | 11a                |                | 11b                | 11c        |               | 12               |             |    |  |  |  |
|--|---|--|--------------------------------|--------------------|----------------|--------------------|------------|---------------|------------------|-------------|----|--|--|--|
|  |   | Detailed Summary Faye  |                                | 13                 | $\square$      | 14                 | 15         |               | 16               |             | 17 |  |  |  |
| Any information copied from such or for commercial purposes, other | Reports and Statements mathematic than using the name and a | ay not be sold or used by any p<br>ddress of any political committee | erson foi<br>e to solic        | r the p<br>cit con | purp<br>ntribu | ose of<br>utions f | soliciting | j coi<br>h co | ntribut<br>mmitt | ions<br>ee. |    |  |  |  |
| │ NAME OF COMMITTEE (In Ful  | l)  |  |                                |                    |                |                    |            |               |                  |             |    |  |  |  |
| Select Medical Corpo   | ration PAC  |  |                                |                    |                |                    |            |               |                  |             |    |  |  |  |
| Full Name of Individual (Last, F<br>Malatesta, Michael, F, Mr.,    |   | rganization Name   | Da                             | ate of             | Red            | ceipt              |            |               |                  |             |    |  |  |  |
| Mailing Address 4145 Serenity S                                    | Street  |  | 08 / D D / Y Y Y Y<br>2023     |                    |                |                    |            |               |                  |             |    |  |  |  |
| City   | State   | Zip Code   | 1                              | Trans              | actio          | on ID :            | A2023-1    | 884           | 974              |             |    |  |  |  |
| Schwenksville  | PA  | 19473  | Ar                             | nount              | of I           | Each F             | Receipt th | nis P         | 'eriod           |             |    |  |  |  |
| FEC ID number of contributing federal political committee.         | C   |  |                                |                    |                | y                  | -          | _             | 192.3            | 31          |    |  |  |  |
| Name of Employer (for Individua<br>Select Medical Corporation      | ,   | upation (for Individual)<br>ior Vice President                       | Memo Item                      |                    |                |                    |            |               |                  |             |    |  |  |  |
| Receipt For:   | Aggregate   | Year-to-Date ▼   |                                |                    |                |                    |            |               |                  |             |    |  |  |  |
| Primary     General       Other (specify) ▼                        |   | 3269.27  | ]                              |                    |                |                    |            |               |                  |             |    |  |  |  |
| Full Name of Individual (Last, F<br>B. Malatesta, Michael, F, Mr., |   |  |                                |                    |                |                    |            |               |                  |             |    |  |  |  |
| Mailing Address 4145 Serenity S                                    | Street  |  |                                | 09 01 2023         |                |                    |            |               |                  |             |    |  |  |  |
| City   | State   | Zip Code   | Transaction ID : A2023-1924749 |                    |                |                    |            |               |                  |             |    |  |  |  |
| Schwenksville  | PA  | 19473  | Ar                             | nount              | of I           | Each F             | Receipt th | nis F         | 'eriod           |             |    |  |  |  |
| FEC ID number of contributing federal political committee.         | C   |  |                                | 192.31             |                |                    |            |               |                  |             |    |  |  |  |
| Name of Employer (for Individual Select Medical Corporation        | · ·   | upation (for Individual)<br>ior Vice President                       |                                | Me                 | emo            | Item               |            |               |                  |             |    |  |  |  |
| Receipt For:   | Aggregate   | Year-to-Date ▼   |                                |                    |                |                    |            |               |                  |             |    |  |  |  |
| Other (specify) ▼  |   | 3461.58  | ]                              |                    |                |                    |            |               |                  |             |    |  |  |  |
| Full Name of Individual (Last, F<br>C. Malatesta, Michael, F, M    |   | rganization Name   | Da                             | ate of             | Red            | ceipt              |            |               |                  |             |    |  |  |  |
| Mailing Address 4145 Serenity                                      | Street  |  | Γ                              | 09 <sup>M</sup>    | /              | D 15               |            |               | )23 <sup>°</sup> | Y           |    |  |  |  |
| City   | State   | Zip Code   |                                | Trans              | acti           | on ID :            | A2023-2    | 2036          | 967              |             |    |  |  |  |
| Schwenksville  | PA  | 19473  | Ar                             | nount              | of I           | Each F             | Receipt th | nis P         | 'eriod           |             |    |  |  |  |
| FEC ID number of contributing federal political committee.         | C   |  |                                |                    | _              | ,                  | ,          | _             | 192.3            | 31          |    |  |  |  |
| Name of Employer (for Individua                                    | al) Occi  | upation (for Individual)   |                                | Me                 | emo            | Item               |            |               |                  |             |    |  |  |  |
| Select Medical Corporation   | Seni  | or Vice President  |                                |                    |                |                    |            |               |                  |             |    |  |  |  |
| Receipt For:   | Aggregate   | Year-to-Date 🔻   |                                |                    |                |                    |            |               |                  |             |    |  |  |  |
| Other (specify)  |   | 3653.89  | ]                              |                    |                |                    |            |               |                  |             |    |  |  |  |
| SUBTOTAL of Receipts This Pag                                      | e (optional)  | <b>b</b>   |                                |                    |                |                    |            | _             | 576.9            | 93          | ٦  |  |  |  |
| TOTAL This Period (last page this                                  |   |  |                                |                    |                | ,                  | ,          | Ī             |                  |             |    |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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|                 | EMIZED RECEIPTS  |             |      | or each category of the<br>Detailed Summary Page |   | -            | à   |      | 11b  | F      | 11c                  |       | 12         |      | 7  |
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|                 | y information copied from such Reports and State<br>for commercial purposes, other than using the na                         |             |      |  |   |              |     |      |      |        |                      |       |            | ions | 17 |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full)  |             |      |  |   |              |     |      |      |        |                      |       |            |      |    |
| $\Big\rangle$   | Select Medical Corporation PAC   |             |      |  |   |              |     |      |      |        |                      |       |            |      |    |
| A.              | Full Name of Individual (Last, First, Middle Initial)<br>Malatesta, Michael, F, Mr.,<br>Mailing Address 4145 Serenity Street | or Full O   | rgai | nization Name                                    |   | Date         |     | Re   | · ·  | t<br>D |                      | Y     | Ý          | Y    |    |
|                 | City   | State       |      | Zip Code   | _ | 0            | 9   | acti | L    | 29     | A2023-2              | 1.00  | 023<br>232 |      |    |
|                 | Schwenksville  | PA          |      | 19473  |   | Amo          | unt | of   | Each | ו R    | eceipt th            | nis F | Period     |      |    |
|                 | FEC ID number of contributing federal political committee.   | С           |      |  |   |              |     |      | 7    |        |                      | _     | 192.3      | 31   |    |
|                 | Name of Employer (for Individual)<br>Select Medical Corporation  |             | •    | tion (for Individual)<br>Vice President          |   |              | Me  | emo  | Iter | n      |                      |       |            |      |    |
|                 | Receipt For:     A       Primary     General       Other (specify) ▼   | Aggregate   | Yea  | ar-to-Date ▼<br>3846.20                          |   |              |     |      |      |        |                      |       |            |      |    |
| в.              | Full Name of Individual (Last, First, Middle Initial)<br>Malatesta, Michael, F, Mr.,   | or Full O   | rga  | nization Name                                    |   | Date         | of  | Re   | ceip | t      |                      |       |            |      |    |
|                 | Mailing Address 4145 Serenity Street   |             |      |  |   | <sup>™</sup> |     | 1    |      | 13     | / Y                  |       | )23<br>)   | Y    |    |
|                 | City<br>Schwenksville  | State<br>PA |      | Zip Code<br>19473                                |   |              |     |      |      |        | A2023-2<br>eceipt th |       |            |      |    |
|                 | FEC ID number of contributing federal political committee.   | С           |      |  |   | Ē            |     |      | ,    |        |                      | _     | 192.3      | 31   |    |
|                 | Name of Employer (for Individual)<br>Select Medical Corporation  |             | •    | tion (for Individual)<br>Vice President          |   | Ц            | Me  | emo  | Iter | n      |                      |       |            |      |    |
|                 | Receipt For:     A       Primary     General       Other (specify) ▼   | Aggregate   | Yea  | ar-to-Date ▼<br>4038.51                          |   |              |     |      |      |        |                      |       |            |      |    |
| с.              | Full Name of Individual (Last, First, Middle Initial)<br>Malatesta, Michael, F, Mr.,   | or Full O   | rga  | nization Name                                    |   | Date         | of  | Re   | ceip | t      |                      |       |            |      |    |
|                 | Mailing Address 4145 Serenity Street   |             |      |  |   | M<br>1       |     | /    |      | 27     | / Y                  |       | )23<br>)   | Y    |    |
|                 | City<br>Schwenksville  | State<br>PA |      | Zip Code<br>19473                                |   | -            | _   |      | -    |        | A2023-2              |       |            |      |    |
|                 | FFC ID number of contributing  | С           |      |  |   | Amo          | unt | of   | Eacr | ıн     | eceipt th            |       | 192.3      | 31   |    |
|                 | Name of Employer (for Individual)<br>Select Medical Corporation  |             | •    | tion (for Individual)<br>/ice President          |   | Ц            | Me  | emo  | lter | n      |                      |       |            |      |    |
|                 |  | ggregate    | Yea  | ar-to-Date 🔻                                     |   |              |     |      |      |        |                      |       |            |      |    |
|                 | Other (specify)  |             | -    | 4230.82  |   |              |     |      |      |        |                      |       |            |      |    |
| s               | UBTOTAL of Receipts This Page (optional)   |             |      | •  | • |              |     |      | ,    |        | . ,                  |       | 576.9      | 93   | ]  |
| т               | OTAL This Period (last page this line number only  | /)          |      | ••••••   | - | Ē            |     |      | ,    |        |                      |       |            |      |    |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|           | EMIZED RECEIPTS  |                        |              | for each category of the<br>Detailed Summary Page           |             | 11a               | a           |               | 11   | 1b<br>4 |              | 11c<br>15          |      | 12<br>16      | 17    | , |
|-----------|--|------------------------|--------------|---|-------------|-------------------|-------------|---------------|------|---------|--------------|--------------------|------|---------------|-------|---|
| Ar<br>or  | y information copied from such Reports and State<br>for commercial purposes, other than using the na                         | ements ma<br>ime and a | ay r<br>addr | not be sold or used by any peess of any political committee | erson to so | for th            | ne p<br>con | purp<br>Itrib | pos  | se of   | f so<br>froi | liciting           | cor  | ntribu        | tions | - |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PAC  |                        |              |   |             |                   |             |               |      |         |              |                    |      |               |       |   |
| Α.        | Full Name of Individual (Last, First, Middle Initial)<br>Malatesta, Michael, F, Mr.,<br>Mailing Address 4145 Serenity Street | or Full O              | rga          | nization Name   | _           | Date              |             | Re            | _    | ipt     | D            | / Y                | Y    | Ý             | Y     |   |
|           | City   | State                  |              | Zip Code  |             | 1                 | 1           | acti          | L    | 10      |              | 2023-2             | 20   | 023           |       |   |
|           | Schwenksville<br>FEC ID number of contributing<br>federal political committee.   | PA<br>C                |              | 19473   |             | Amo               | unt         | of            | Ea   | ach F   | Rec          | eipt th            | is P | eriod<br>192. | 31    |   |
|           | Name of Employer (for Individual)<br>Select Medical Corporation  |                        | •            | tion (for Individual)<br>Vice President                     |             |                   | Me          | emo           | ) It | em      |              | ,                  |      |               |       |   |
|           | Receipt For:     A       Primary     General       Other (specify) ▼   | Aggregate              | Yea          | ar-to-Date ▼<br>4423.13                                     |             |                   |             |               |      |         |              |                    |      |               |       |   |
| в.        | Full Name of Individual (Last, First, Middle Initial)<br>Malatesta, Michael, F, Mr.,   | or Full O              | rga          | nization Name   |             | Date              | of          | Re            | ece  | ipt     |              |                    |      |               |       | _ |
|           | Mailing Address 4145 Serenity Street   |                        |              |   |             | <sup>™</sup><br>1 |             | /             | Ľ    | 24      |              | / Y                |      | )23<br>)      | Y     |   |
|           | City<br>Schwenksville  | State<br>PA            |              | Zip Code<br>19473   |             |                   |             |               |      |         |              | 2023-2             |      |               |       |   |
|           | FEC ID number of contributing federal political committee.   | С                      |              |   |             |                   |             |               | -    |         |              | 7                  | _    | 192.          | 31    |   |
|           | Name of Employer (for Individual)<br>Select Medical Corporation  |                        | •            | tion (for Individual)<br>Vice President                     |             | Ц                 | Me          | emo           | ) It | em      |              |                    |      |               |       |   |
|           | Receipt For:     A       Primary     General       Other (specify) ▼   | Aggregate              | Yea          | ar-to-Date ▼<br>4615.44                                     |             |                   |             |               |      |         |              |                    |      |               |       |   |
| C.        | Full Name of Individual (Last, First, Middle Initial)<br>Malatesta, Michael, F, Mr.,   | or Full O              | rga          | nization Name   |             | Date              | of          | Re            | ece  | ipt     |              |                    |      |               |       |   |
|           | Mailing Address 4145 Serenity Street   |                        |              | 7.0.1   |             | 1                 | 2           | /             | L    | 08      |              | / Y                | 20   | )23           | Y     |   |
|           | City<br>Schwenksville  | State<br>PA            |              | Zip Code<br>19473   |             | -                 |             |               | -    |         |              | 2023-2<br>ceipt th |      | -             |       |   |
|           | FEC ID number of contributing federal political committee.   | С                      |              |   |             | Ē                 |             | _             | ,    |         |              | <u>y</u>           | _    | 192.          | 31    |   |
|           | Name of Employer (for Individual)<br>Select Medical Corporation  |                        | •            | tion (for Individual)<br>/ice President                     |             |                   | Me          | emo           | b lt | em      |              |                    |      |               |       |   |
|           | Receipt For:     A       Primary     General       Other (specify)   | Aggregate              | Yea          | ar-to-Date ▼<br>4807.75                                     |             |                   |             |               |      |         |              |                    |      |               |       |   |
| s         | UBTOTAL of Receipts This Page (optional)   |                        |              | ••••••  |             |                   |             |               | ,    |         | l            | ,                  |      | 576.          | 93    |   |
| т         | OTAL This Period (last page this line number only  | y)                     |              | •   |             |                   |             |               | -    |         |              |                    | _    |               |       |   |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| TEMIZED RECEIPT   | 3  | for each category of the<br>Detailed Summary Page                      | <b>X</b> 11a |                                    | 11b     | 11c        | 12          |    |  |  |  |  |
|---|--|--|--------------|------------------------------------|---------|------------|-------------|----|--|--|--|--|
| r   |  |  | 13           |                                    | 14      | 15         | 16          | 17 |  |  |  |  |
|   |  | ay not be sold or used by any pe<br>address of any political committee |              |                                    |         |            |             |    |  |  |  |  |
| NAME OF COMMITTEE (                                     | In Full)   |  |              |                                    |         |            |             |    |  |  |  |  |
| Select Medical Co                                       | prporation PAC                                       |  |              |                                    |         |            |             |    |  |  |  |  |
| Full Name of Individual (L<br>A. Malatesta, Michael, F, | ast, First, Middle Initial) or Full C<br>Mr.,        | Organization Name  | Date o       | of Red                             | ceipt   |            |             |    |  |  |  |  |
| Mailing Address 4145 Ser                                | enity Street   |  | M 12         | л /                                | D<br>22 |            | y y<br>2023 | Y  |  |  |  |  |
| City  | State  | Zip Code   | Tran         | sacti                              | on ID : | A2023-2    | 802107      |    |  |  |  |  |
| Schwenksville   | PA   | 19473  | Amour        | nt of I                            | Each F  | Receipt th | is Period   |    |  |  |  |  |
| FEC ID number of contrib<br>federal political committee | ş  |  |              |                                    | ,       |            | 192.2       | 25 |  |  |  |  |
| Name of Employer (for Ind<br>Select Medical Corporation | ,  | upation (for Individual)<br>nor Vice President                         |              | /lemo                              | Item    |            |             |    |  |  |  |  |
| Receipt For:  |  | Year-to-Date ▼   | _            |                                    |         |            |             |    |  |  |  |  |
| Primary   Ge     Other (specify) ▼                      | eneral   | 5000.00  |              |                                    |         |            |             |    |  |  |  |  |
| Full Name of Individual (L<br>B. Malloy, Edward, M, M   | ast, First, Middle Initial) or Full C<br>r., Jr.     | Date of Receipt  |              |                                    |         |            |             |    |  |  |  |  |
| Mailing Address 8 Upton V                               |  |  | M 10         | 10 / D D / Y Y Y Y<br>10 17 2023   |         |            |             |    |  |  |  |  |
| City  | State  | Zip Code   | Tran         | sactio                             | on ID : | A2023-2    | 301935      |    |  |  |  |  |
| Sewell  | NJ   | 08080  | Amour        | Amount of Each Receipt this Period |         |            |             |    |  |  |  |  |
| FEC ID number of contrib<br>federal political committee | ş  |  |              |                                    | ,       |            | 3000.0      | 00 |  |  |  |  |
| Name of Employer (for In-<br>Select Medical Corporation | ,  | upation (for Individual)<br>e President of Operations                  |              | Memo Item                          |         |            |             |    |  |  |  |  |
| Receipt For:<br>Primary Ge<br>Other (specify) ▼         | eneral Aggregate                                     | Year-to-Date ▼<br>3000.00  |              |                                    |         |            |             |    |  |  |  |  |
| Full Name of Individual (L<br>C. Marshall, Christophe   | ast, First, Middle Initial) or Full C<br>er, L, Mr., | Organization Name  | Date o       | of Red                             | ceipt   |            |             |    |  |  |  |  |
| Mailing Address 4966 Clir                               | ie Hollow Road                                       |  | 07           | /                                  | D<br>07 |            | y<br>2023   | Y  |  |  |  |  |
| City  | State  | Zip Code   | Tran         | sacti                              | on ID : | : A2023-1  | 633243      |    |  |  |  |  |
| Export  | PA   | 15632  | Amour        | nt of I                            | Each F  | Receipt th | is Period   |    |  |  |  |  |
| FEC ID number of contrib<br>federal political committee | Ű.   |  |              |                                    | y       | ,          | 115.3       | 39 |  |  |  |  |
| Name of Employer (for Ind<br>Select Medical Corporation |  | upation (for Individual)<br>ior Vice President                         |              | /lemo                              | Item    |            |             |    |  |  |  |  |
| Receipt For:  | Aggregate  | Year-to-Date V   |              |                                    |         |            |             |    |  |  |  |  |
| Primary Ge Other (specify)                              | eneral   | 1615.46  |              |                                    |         |            |             |    |  |  |  |  |
| SUBTOTAL of Receipts This                               | s Page (optional)                                    |  |              |                                    | y       |            | 3307.6      | 64 |  |  |  |  |
| TOTAL This Period (last page                            | ge this line number only)                            | ••••••   |              |                                    | ,       |            |             |    |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED RECEIPTS  | for each category of<br>Detailed Summary F                            |   |
|--|---|---|
| Any information copied from such Reports and Stat<br>or for commercial purposes, other than using the na                         | ements may not be sold or used<br>ume and address of any political of | by any person for the purpose of soliciting contributions committee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  |   |   |
| Select Medical Corporation PAC   |   |   |
| Full Name of Individual (Last, First, Middle Initial<br>Marshall, Christopher, L, Mr.,<br>Mailing Address 4966 Cline Hollow Road | Date of Receipt   |   |
|  |   | 07 21 2023  |
| City   | State Zip Code<br>PA 15632  | Transaction ID : A2023-1635686  |
| Export   | FA 15032  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C   | 115.39  |
| Name of Employer (for Individual)  | Occupation (for Individual)   | Memo Item   |
| Select Medical Corporation   | Senior Vice President   |   |
| Receipt For:   | Aggregate Year-to-Date ▼  |   |
| Primary General  |   | 0.05  |
| Other (specify) <b>v</b>   | 1/3   | 0.85  |
| Full Name of Individual (Last, First, Middle Initial   | or Full Organization Name   |   |
| B. Marshall, Christopher, L, Mr.,  |   | Date of Receipt   |
| Mailing Address 4966 Cline Hollow Road   |   | 08 / D D / Y Y Y Y<br>04 2023   |
| City   | State Zip Code<br>PA 15632  | Transaction ID : A2023-1679294  |
| Export   | FA 15052  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C   | 115.39  |
| Name of Employer (for Individual)  | Occupation (for Individual)   | Memo Item   |
| Select Medical Corporation   | Senior Vice President   |   |
| Receipt For:   | Aggregate Year-to-Date V  |   |
| Primary General  |   |   |
| Other (specify) <b>v</b>   | , 184   | 16.24   |
| Full Name of Individual (Last, First, Middle Initial Marshall, Christopher, L, Mr.,  | or Full Organization Name   | Date of Receipt   |
| Mailing Address 4966 Cline Hollow Road   |   | 08 / D D / Y Y Y Y<br>08 18 2023  |
| City   | State Zip Code  | Transaction ID : A2023-1884970  |
| Export   | PA 15632  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C   | 115.39  |
| Name of Employer (for Individual)<br>Select Medical Corporation  | Occupation (for Individual)<br>Senior Vice President                  | Memo Item   |
| Boogint For:   |   |   |
| Primary General  | Aggregate Year-to-Date ▼  |   |
| Other (specify)  |   | 51.63   |
| SUBTOTAL of Receipts This Page (optional)  |   |   |
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| SCHEDULE A   | (FEC Form 3X) |
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|                                 |   |                      | Use separate schedule(s)  | (check only one) |                 |                         |              |          |          |     |
|---------------------------------|---|----------------------|---|------------------|-----------------|-------------------------|--------------|----------|----------|-----|
|                                 | RECEIPTS  |                      | for each category of the<br>Detailed Summary Page                         |                  | 1a<br>3         | 11b                     | 11c          |          | 12<br>16 | 17  |
|                                 |   |                      | L<br>ay not be sold or used by any p<br>ddress of any political committee | erson for        | the p           | urpose of               | f soliciting | g con    | tributio | ons |
|                                 | COMMITTEE (In Full)   |                      |   |                  |                 |                         |              |          |          |     |
| $\langle \rangle$               | Aedical Corporation F                                       | PAC                  |   |                  |                 |                         |              |          |          |     |
|                                 | f Individual (Last, First, Middle<br>Christopher, L, Mr.,   | e Initial) or Full C | rganization Name  | Da               | te of I         | Receipt                 |              |          |          |     |
| Mailing Addr                    | ess 4966 Cline Hollow Road                                  |                      |   |                  | 09 <sup>M</sup> | / D 01                  |              | Ý<br>202 | 23       | Ŷ   |
| City<br>Export                  |   | State<br>PA          | Zip Code<br>15632   |                  |                 | ction ID :<br>of Each F |              |          |          |     |
|                                 | nber of contributing cal committee.                         | С                    |   |                  |                 | -75-                    |              |          | 115.39   | 9   |
|                                 | nployer (for Individual)<br>cal Corporation                 |                      | upation (for Individual)<br>ior Vice President                            |                  | Mer             | no Item                 |              |          |          |     |
| Receipt For:<br>Primar<br>Other |   | Aggregate            | Year-to-Date ▼<br>2077.02   | 1                |                 |                         |              |          |          |     |
| B. Marshall,                    | f Individual (Last, First, Middle<br>Christopher, L, Mr.,   | e Initial) or Full C | rganization Name  | Da               | te of I         | Receipt                 |              |          |          |     |
|                                 | ress 4966 Cline Hollow Road                                 |                      |   |                  | 09              | / D                     |              | 202      | 23       | Y   |
| City                            |   | State                | Zip Code  |                  |                 | ction ID :              |              |          |          |     |
| Export                          |   | PA                   | 15632   | Am               | ount            | of Each F               | Receipt tl   | his Pe   | riod     |     |
|                                 | nber of contributing cal committee.                         | С                    |   |                  | _               |                         |              |          | 115.39   | Э   |
| Select Medic                    | nployer (for Individual)<br>cal Corporation                 |                      | upation (for Individual)<br>nor Vice President                            |                  | Mer             | no Item                 |              |          |          |     |
| Receipt For:<br>Primar<br>Other |   | Aggregate            | Year-to-Date ▼<br>2192.41   | 1                |                 |                         |              |          |          |     |
|                                 | f Individual (Last, First, Middle<br>, Christopher, L, Mr., | e Initial) or Full C | rganization Name  | Da               | te of I         | Receipt                 |              |          |          |     |
| Mailing Addr                    | ress 4966 Cline Hollow Road                                 |                      |   |                  | 09 <sup>M</sup> | / 29                    |              | 202      | 23       | Ý   |
| City<br>Export                  |   | State<br>PA          | Zip Code<br>15632   |                  |                 | ction ID                |              |          |          |     |
|                                 | ber of contributing cal committee.                          | С                    |   |                  |                 | , .                     |              |          | 115.39   | Э   |
| Select Medic                    | nployer (for Individual)<br>cal Corporation                 |                      | upation (for Individual)<br>ior Vice President                            |                  | Mei             | no Item                 |              |          |          |     |
| Receipt For:<br>Primar<br>Other |   | Aggregate            | Year-to-Date ▼<br>2307.80   |                  |                 |                         |              |          |          |     |
| SUBTOTAL of                     | f Receipts This Page (optional                              | )                    |   |                  |                 | 3                       | ,            |          | 346.17   | 7   |

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| SCHEDULE A   | (FEC Form | 3X) |
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| ITEMIZED REC | EIPTS     |     |

|             | EMIZED RECEIPTS  |                | for each category<br>Detailed Summary         |         | 11a<br>13 |                 | 11b<br>14 |         | 1c<br>5  | 12     | 17                       |        |
|-------------|--|----------------|---|---------|-----------|-----------------|-----------|---------|----------|--------|--------------------------|--------|
|             | y information copied from such Reports and S for commercial purposes, other than using the |                |   |         |           | or the          |           | pose c  | of solid | citing | contrib                  | utions |
| $\setminus$ | NAME OF COMMITTEE (In Full)  |                |   |         |           |                 |           |         |          |        |                          |        |
|             | Select Medical Corporation PAC   | 2              |   |         |           |                 |           |         |          |        |                          |        |
| Α.          |  | ial) or Full C | Organization Name                             |         |           | Date o          | of Re     | eceipt  |          |        |                          |        |
|             | Mailing Address 4966 Cline Hollow Road   |                |   |         |           | <sup>M</sup> 10 | /         | D<br>1: | D /<br>3 | Y      | 2023                     | Ŷ      |
|             | City<br>Export   | State<br>PA    | Zip Code<br>15632                             |         |           |                 |           |         |          |        | 294550<br>s Perio        | d      |
|             | FEC ID number of contributing federal political committee.                                 | С              |   |         |           |                 |           | -       |          |        | 115                      |        |
|             | Name of Employer (for Individual)<br>Select Medical Corporation                            |                | upation (for Individua<br>iior Vice President | I)      | -         | N               | lemo      | tem     |          |        |                          |        |
|             | Receipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate      | Year-to-Date ▼<br>2                           | 423.19  |           |                 |           |         |          |        |                          |        |
| в.          | Full Name of Individual (Last, First, Middle Init<br>Marshall, Christopher, L, Mr.,        | ial) or Full C | Organization Name                             |         |           | Date o          | of Re     | eceipt  |          |        |                          |        |
|             | Mailing Address 4966 Cline Hollow Road   |                |   |         |           | <sup>M</sup> 10 | /         | D 2     | D /<br>7 | Y      | 2023                     | Y      |
|             | City<br>Export   | State<br>PA    | Zip Code<br>15632                             |         |           |                 |           |         |          |        | <b>53836</b><br>s Perio  | d      |
|             | FEC ID number of contributing federal political committee.                                 | С              |   |         |           |                 |           |         |          | 7      | 115                      | .39    |
|             | Name of Employer (for Individual)<br>Select Medical Corporation                            |                | upation (for Individua<br>nior Vice President | l)      |           | N               | lemo      | ) Item  |          |        |                          |        |
|             | Receipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate      | Year-to-Date ▼                                | 2538.58 |           |                 |           |         |          |        |                          |        |
| с.          | Full Name of Individual (Last, First, Middle Init<br>Marshall, Christopher, L, Mr.,        | ial) or Full C | Organization Name                             |         |           | Date o          | of Re     | eceipt  |          |        |                          |        |
|             | Mailing Address 4966 Cline Hollow Road   |                |   |         |           | <sup>M</sup> 11 | /         |         | 0 /      | Y      | 2023 Y                   | Ŷ      |
|             | City<br>Export   | State<br>PA    | Zip Code<br>15632                             |         |           |                 |           |         |          |        | <b>465156</b><br>s Perio | d      |
|             | FEC ID number of contributing federal political committee.                                 | С              |   |         |           |                 |           | ,       |          | 9      | 115                      |        |
|             | Name of Employer (for Individual)<br>Select Medical Corporation                            |                | upation (for Individua<br>ior Vice President  | l)      |           | N               | lemo      | b Item  |          |        |                          |        |
|             | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate      | Year-to-Date ▼<br>2                           | 2653.97 |           |                 |           |         |          |        |                          |        |
| s           | UBTOTAL of Receipts This Page (optional)   |                |   | ····· ► |           |                 |           | ,       |          | 9      | 346                      | .17    |
| Т           | OTAL This Period (last page this line number of  | only)          |   | ••••••  |           |                 |           |         |          | _      |                          |        |

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|   |                               | Detailed Summary Page                        |                       | 11a             |      | 11b      | 11c       |       | 12     |    |  |  |  |  |
|---|-------------------------------|--|-----------------------|-----------------|------|----------|-----------|-------|--------|----|--|--|--|--|
|   |                               | 7  |                       | 13              |      | 14       | 15        |       | 16     | 17 |  |  |  |  |
| Any information copied from such Re<br>or for commercial purposes, other that |                               |  |                       |                 |      |          |           |       |        |    |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |                               |  |                       |                 |      |          |           |       |        |    |  |  |  |  |
| angle Select Medical Corpora  | tion PAC                      |  |                       |                 |      |          |           |       |        |    |  |  |  |  |
| Full Name of Individual (Last, Firs<br>Marshall, Christopher, L, Mr.,         | t, Middle Initial) or Full Or | ganization Name                              |                       | Date of         | f Re | eceipt   |           |       |        |    |  |  |  |  |
| Mailing Address 4966 Cline Hollow   | / Road                        |  | M M / D D / Y Y Y Y Y |                 |      |          |           |       |        |    |  |  |  |  |
|   | State                         | Zin Codo                                     | _                     | 11              |      | 24       | _ L       | 1     | 023    |    |  |  |  |  |
| City<br>Export  | PA                            | Zip Code<br>15632                            |                       |                 |      | -        | A2023-2   |       |        |    |  |  |  |  |
|   |                               | 13032  | A                     | Amount          | t of | Each F   | Receipt t | his F | Period |    |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | C                             |  |                       |                 |      | -        | -         |       | 115.3  | 39 |  |  |  |  |
| Name of Employer (for Individual)   | Occu                          | pation (for Individual)                      | -                     | M               | emo  | o Item   |           |       |        |    |  |  |  |  |
| Select Medical Corporation  |                               | or Vice President                            |                       |                 |      |          |           |       |        |    |  |  |  |  |
| Receipt For:  |                               |  |                       |                 |      |          |           |       |        |    |  |  |  |  |
| Primary General   | Aggregate                     | Year-to-Date ▼                               |                       |                 |      |          |           |       |        |    |  |  |  |  |
| Other (specify) <b>v</b>  |                               | 2769.36                                      |                       |                 |      |          |           |       |        |    |  |  |  |  |
|   |                               |  |                       |                 |      |          |           |       |        |    |  |  |  |  |
| Full Name of Individual (Last, Firs   |                               | ganization Name                              |                       |                 |      |          |           |       |        |    |  |  |  |  |
| Marshall, Christopher, L, Mr.,  |                               |  | L                     | Date of         | r Re | eceipt   |           |       |        |    |  |  |  |  |
| Mailing Address 4966 Cline Hollow   | 1                             |  |                       | <sup>M</sup> 12 | /    | 08       |           | 2(    | )23    | Y  |  |  |  |  |
| City  | State                         | Zip Code                                     |                       | Trans           | act  | ion ID : | A2023-2   | 2726  | 338    |    |  |  |  |  |
| Export  | PA                            | 15632  | A                     | mount           | t of | Each F   | Receipt t | his F | Period |    |  |  |  |  |
| FEC ID number of contributing federal political committee.                    | С                             |  |                       |                 |      |          | -         |       | 115.3  | 39 |  |  |  |  |
| Name of Employer (for Individual)   | Occi                          | pation (for Individual)                      | - 1                   | M               | emo  | o Item   |           |       |        |    |  |  |  |  |
| Select Medical Corporation  |                               | or Vice President                            |                       |                 |      |          |           |       |        |    |  |  |  |  |
| Receipt For:  | Aggragata                     |  |                       |                 |      |          |           |       |        |    |  |  |  |  |
| Primary General   | Aggregate                     | Year-to-Date 🔻                               | - 1                   |                 |      |          |           |       |        |    |  |  |  |  |
| Other (specify) V   |                               | 2884.75                                      | 4                     |                 |      |          |           |       |        |    |  |  |  |  |
| Full Name of Individual (Last, Firs<br>Marshall, Christopher, L, M            |                               | ganization Name                              |                       | Date of         | f Re | eceipt   |           |       |        |    |  |  |  |  |
| Mailing Address 4966 Cline Hollow   |                               |  |                       | м м<br>12       |      | 22       |           |       | 023    | Y  |  |  |  |  |
| City  | State                         | Zip Code                                     |                       | Trans           | act  | ion ID : | A2023-    | 2802  | 2103   |    |  |  |  |  |
| Export  | PA                            | 15632  | A                     |                 |      |          | Receipt t |       |        |    |  |  |  |  |
| FEC ID number of contributing   |                               |  |                       |                 |      |          |           |       |        | -  |  |  |  |  |
| federal political committee.  | C                             |  |                       | _               | -    | y        | <u> </u>  | -     | 115.2  | 25 |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation               |                               | pation (for Individual)<br>or Vice President |                       | М               | emo  | o Item   |           |       |        |    |  |  |  |  |
| Receipt For:  | Aggregate                     | Year-to-Date 🔻                               |                       |                 |      |          |           |       |        |    |  |  |  |  |
| Primary General   |                               |  | 1                     |                 |      |          |           |       |        |    |  |  |  |  |
| Other (specify)   |                               | 3000.00                                      |                       |                 |      |          |           |       |        |    |  |  |  |  |
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FEC Schedule A (Form 3X) Rev. 06/2016

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| ITEIMIZED RECEIPTS  |  | for each category of the<br>Detailed Summary Page  |  | X         11a         11b         11c         12           13         14         15         16         1 |   |             |           |                 |    |  |  |  |  |  |  |  |
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| NAME OF COMMITTEE (In Full) Select Medical Corporation P  | AC   |  |  |  |   |             |           |                 |    |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle         McAlister, Michael, H, Mr.,         Mailing Address 4 Brighton Court         City         Heath         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ | State<br>TX<br>C   | Drganization Name<br>Zip Code<br>75032<br>upation (for Individual)<br>ninistrator<br>Year-to-Date ▼<br>1615.46 | Date of Receipt<br>07 07 2023<br>Transaction ID : A2023-1633271<br>Amount of Each Receipt this Period<br>115.39<br>Memo Item<br>3.46 |  |   |             |           |                 |    |  |  |  |  |  |  |  |
| B. Full Name of Individual (Last, First, Middle<br>McAlister, Michael, H, Mr.,<br>Mailing Address 4 Brighton Court<br>City  | Initial) or Full C   | Drganization Name  |  | Date of 07   | / | 21          |           | 2023<br>1635714 | Y  |  |  |  |  |  |  |  |
| Heath<br>FEC ID number of contributing<br>federal political committee.  | С  | 75032  |  | Transaction ID : A2023-1635714<br>Amount of Each Receipt this Period<br>115.39<br>Memo Item              |   |             |           |                 |    |  |  |  |  |  |  |  |
| Select Medical Corporation          Receipt For:         Primary       General         Other (specify)  | EC ID number of contributing deral political committee.       C         ame of Employer (for Individual) elect Medical Corporation eceipt For:       Occupation (for Individual) Administrator         Primary       General |  |  |  |   |             |           |                 |    |  |  |  |  |  |  |  |
| C. Full Name of Individual (Last, First, Middle<br>McAlister, Michael, H, Mr.,<br>Mailing Address 4 Brighton Court  | Initial) or Full C   | Organization Name  |  | Date of  |   | ceipt<br>04 | / Y       | 2023            | Y  |  |  |  |  |  |  |  |
| City<br>Heath<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:<br>Primary General<br>Other (specify)   | Adm  | Zip Code<br>75032<br>upation (for Individual)<br>ninistrator<br>Year-to-Date ▼<br>1846.24                      | Transaction ID : A2023-1679322         Amount of Each Receipt this Period         115.39         Memo Item                           |  |   |             |           |                 |    |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional).<br>TOTAL This Period (last page this line numb   |  |  | ▶<br>▶   |  |   | ,           |           | 346             | 17 |  |  |  |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|   |                                | for each category of the<br>Detailed Summary Page   |  | X 11a 11b 11c 12<br>13 14 15 16                       |           |                |           |                        | 47      |   |  |  |  |  |  |
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| NAME OF COMMITTEE (In Full)<br>Select Medical Corporation   | PAC                            |   |  |   |           |                |           |                        |         |   |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd         McAlister, Michael, H, Mr.,         Mailing Address 4 Brighton Court         City         Heath         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ | State<br>TX<br>C<br>Occ<br>Adn | Zip Code<br>75032<br>upation (for Individual)<br>ninistrator<br>Year-to-Date ▼<br>1961.63 | Date of Receipt IIS Date of Re |   |           |                |           |                        |         |   |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>McAlister, Michael, H, Mr.,<br>Mailing Address 4 Brighton Court<br>City<br>Heath  | State                          | Zip Code<br>75032   |  |   | /<br>acti | 01             | A2023-1   | 2023<br>1 <b>92477</b> | 73      |   |  |  |  |  |  |
| FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:  | C<br>Occ<br>Adr                | upation (for Individual)<br>ninistrator<br>Year-to-Date ▼<br>2077.02                      | ]  | <u> </u>  |           | Each F         | Receipt t |                        | 115.39  |   |  |  |  |  |  |
| Full Name of Individual (Last, First, Midd<br>McAlister, Michael, H, Mr.,<br>Mailing Address 4 Brighton Court<br>City<br>Heath  | le Initial) or Full C          | Zip Code<br>75032   |  |   | /<br>sact | 15<br>ion ID : | A2023-    | 2023<br>203699         | 92      |   |  |  |  |  |  |
| FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:<br>Primary General<br>Other (specify)  | Adm                            | upation (for Individual)<br>ninistrator<br>Year-to-Date ▼<br>2192.41                      | ]  | Amount of Each Receipt this Period  115.39  Memo Item |           |                |           |                        |         |   |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optiona<br>TOTAL This Period (last page this line nur   | ,                              |   | •<br>•   |   |           | , .<br>, .     |           | 3                      | 346.17  | 7 |  |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|                      | EMIZED RECEIPTS  |                     | for each category of the<br>Detailed Summary Page |                            |           |  |      | 11    | H     | 11c                  |   | 12               |      |    |  |  |  |  |
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| $\overline{\langle}$ | NAME OF COMMITTEE (In Full)  |                     |   |                            |           |  |      | June  |       |                      |   |                  |      |    |  |  |  |  |
| $\rangle$            | Select Medical Corporation PAC   |                     |   |                            |           |  |      |       |       |                      |   |                  |      |    |  |  |  |  |
| A.                   | Full Name of Individual (Last, First, Middle Initial)<br><u>McAlister, Michael, H, Mr.,</u><br>Mailing Address <u>4</u> Brighton Court | or Full Org         | ganiza  | ation Name                 |           | Date o   | _    |       | pt    | / Y                  | Y | Ý                | Y    |    |  |  |  |  |
|                      | City   | State               | Zi  | p Code                     | _         | 09<br>Trans  | sact | ion   | 29    | A2023-2              | 1 | 023<br>257       |      |    |  |  |  |  |
|                      | Heath  | ТХ                  |   | 75032                      |           |  |      |       |       | eceipt th            |   |                  |      |    |  |  |  |  |
|                      | FEC ID number of contributing federal political committee.   | С                   |   |                            | 115.39    |  |      |       |       |                      |   |                  |      |    |  |  |  |  |
|                      | Name of Employer (for Individual)<br>Select Medical Corporation  | Occup<br>Admii      | •   | n (for Individual)<br>tor  |           | N  | lemo | o Ite | əm    |                      |   |                  |      |    |  |  |  |  |
|                      | Receipt For:     A       Primary     General       Other (specify) ▼   | Aggregate Y         | /ear-to   | p-Date ▼<br>2307.80        |           |  |      |       |       |                      |   |                  |      |    |  |  |  |  |
| В.                   | Full Name of Individual (Last, First, Middle Initial)<br>McAlister, Michael, H, Mr.,   | or Full Org         | ganiza  | ation Name                 |           | Date o   | f Re | ecei  | pt    |                      |   |                  |      |    |  |  |  |  |
|                      | Mailing Address 4 Brighton Court   |                     |   |                            |           |  |      |       |       |                      |   |                  |      |    |  |  |  |  |
|                      | City<br>Heath  | State<br>TX         |   | p Code<br>75032            |           | Transaction ID : A2023-2294519<br>Amount of Each Receipt this Period |      |       |       |                      |   |                  |      |    |  |  |  |  |
|                      | FEC ID number of contributing federal political committee.   | С                   |   |                            |           | <u> </u>   |      | -     |       |                      | _ | 115.3            | 39   |    |  |  |  |  |
|                      | Name of Employer (for Individual)<br>Select Medical Corporation  |                     | patior<br>inistra                                 | n (for Individual)<br>Itor | Memo Item |  |      |       |       |                      |   |                  |      |    |  |  |  |  |
|                      | Receipt For:     A       Primary     General       Other (specify) ▼   | Aggregate Y         | /ear-to   | D-Date ▼<br>2423.19        |           |  |      |       |       |                      |   |                  |      |    |  |  |  |  |
| с.                   | Full Name of Individual (Last, First, Middle Initial)<br>McAlister, Michael, H, Mr.,   | or Full Org         | ganiza  | ation Name                 |           | Date o   | f Re | ecei  | pt    |                      |   |                  |      |    |  |  |  |  |
|                      | Mailing Address 4 Brighton Court   |                     |   |                            |           | 10   | /    |       | 27    | / Y                  |   | 023 <sup>°</sup> | Y    |    |  |  |  |  |
|                      | City<br>Heath  | State<br>TX         |   | p Code<br>75032            |           |  |      |       |       | A2023-2<br>eceipt th |   |                  | _    |    |  |  |  |  |
|                      | FEC ID number of contributing federal political committee.   | С                   |   |                            |           |  |      |       |       | , j                  |   | 115.3            | 39   | ]  |  |  |  |  |
|                      | Name of Employer (for Individual)<br>Select Medical Corporation  | Occup<br>Admir      | •   | n (for Individual)<br>tor  | Memo Item |  |      |       |       |                      |   |                  |      |    |  |  |  |  |
|                      | Receipt For:     A       Primary     General       Other (specify)   | o-Date ▼<br>2538.58 |   |                            |           |  |      |       |       |                      |   |                  |      |    |  |  |  |  |
| s                    | UBTOTAL of Receipts This Page (optional)   |                     |   | •                          |           |  |      | ,     |       |                      |   | 346.1            | 7    | ]  |  |  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page   | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$   |  |  |  |  |  |  |  |  |  |  |  |  |
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| NAME OF COMMITTEE (In Full)  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Select Medical Corporation PAC   | C   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Init<br>A. McAlister, Michael, H, Mr.,<br>Mailing Address 4 Brighton Court<br>City<br>Heath<br>FEC ID number of contributing<br>for any political committee   | itial) or Full Organization Name          State       Zip Code         TX       75032   | Date of Receipt this Period T15.39                                 |  |  |  |  |  |  |  |  |  |  |  |  |
| Tederal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼   | Iame of Employer (for Individual)     Occupation (for Individual)       Select Medical Corporation     Administrator       Receipt For:     Aggregate Year-to-Date ▼       Primary     General                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Init         McAlister, Michael, H, Mr.,         Mailing Address 4 Brighton Court         City         Heath         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary         General         Other (specify) ▼ | tial) or Full Organization Name          State       Zip Code         TX       75032         C       Occupation (for Individual)         Administrator       Aggregate Year-to-Date ▼         2769.36       2769.36 | Date of Receipt  |  |  |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Init         McAlister, Michael, H, Mr.,         Mailing Address 4 Brighton Court         City         Heath         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify)     | tial) or Full Organization Name          State       Zip Code         TX       75032         C       Occupation (for Individual)         Administrator       Aggregate Year-to-Date ▼         2884.75       2884.75 | Date of Receipt          12       08       2023         Transaction ID : A2023-2726366         Amount of Each Receipt this Period         115.39         Memo Item |  |  |  |  |  |  |  |  |  |  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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|           | EMIZED RECEIPTS   |  |  | or each category of the<br>Detailed Summary Page |                                    | -      |         | 11b    |     | 11c                  |      | 12    |              |   |  |
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|           | NAME OF COMMITTEE (In Full)   | ame and a  | auure  |  | 10 50                              | MUL CO | n tí lí | JULION | 5 1 | IUIII SUCI           |      |       | <del>.</del> |   |  |
| $\rangle$ | Select Medical Corporation PAC  |  |  |  |                                    |        |         |        |     |                      |      |       |              |   |  |
| Α.        | Full Name of Individual (Last, First, Middle Initial<br>McAlister, Michael, H, Mr., | copied from such Reports and Statements may<br>al purposes, other than using the name and add<br>OMMITTEE (In Full)         ledical Corporation PAC         Individual (Last, First, Middle Initial) or Full Org<br>Michael, H, Mr.,         28S 4 Brighton Court         State<br>Tx         poer of contributing<br>al committee.         ployer (for Individual)<br>al Corporation         Aggregate Ye<br>Andrew, , ,         28S 4714 Gettysburg Rd         rrg         State<br>rrg         Deer of contributing<br>al committee.         ployer (for Individual)<br>al corporation         Aggregate Ye<br>(specify) ▼         Individual (Last, First, Middle Initial) or Full Org<br>t, Andrew, , ,<br>ployer (for Individual)<br>al committee.         ployer (for Individual)<br>al committee.         ployer (for Individual)<br>al committee.         ployer (for Individual)<br>al committee.         ployer (for Individual)<br>al corporation         Aggregate Ye<br>(specify)         Aggregate Ye<br>(specify)         Aggregate Ye<br>(specify) | Drgar  | nization Name                                    |                                    | Date o |         |        |     |                      |      |       |              |   |  |
|           | Mailing Address 4 Brighton Court  | State  |  | Zin Codo   |                                    | 12     |         | 2      | 22  |                      | 20   | 023   | Y            |   |  |
|           | City<br>Heath   |  |  | Zip Code<br>75032                                |                                    |        |         |        |     | A2023-2<br>eceipt th |      |       |              |   |  |
|           | FEC ID number of contributing federal political committee.                          | С  |  |  | _                                  | Amour  |         |        |     |                      | 15 F | 115.2 | 25           |   |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation                     |  | •  | ion (for Individual)<br>trator                   |                                    | N      | 1emo    | o Item | n   |                      |      |       |              |   |  |
|           |   | Aggregate  | Yea  | r-to-Date ▼<br>3000.00                           |                                    |        |         |        |     |                      |      |       |              |   |  |
| в.        | Full Name of Individual (Last, First, Middle Initial McDeavitt, Andrew, , ,         | Date of Receipt  |  |  |                                    |        |         |        |     |                      |      |       |              |   |  |
|           | Mailing Address 4714 Gettysburg Rd  |  | 07 / 07 / 2023<br>Transaction ID : A2023-1633285 |  |                                    |        |         |        |     |                      |      |       |              |   |  |
|           | City<br>Mechanicsburg   |  |  | Zip Code<br>17055                                | _                                  |        |         |        |     | A2023-1<br>eceipt th |      |       |              |   |  |
|           | FEC ID number of contributing federal political committee.                          | С  |  |  |                                    |        |         |        | _   |                      | _    | 115.3 | 9            |   |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation                     |  |  | ion (for Individual)<br>/e                       | Memo Item                          |        |         |        |     |                      |      |       |              |   |  |
|           |   | Aggregate  | Yea  | r-to-Date ▼<br>1615.46                           |                                    |        |         |        |     |                      |      |       |              |   |  |
| с.        | Full Name of Individual (Last, First, Middle Initial McDeavitt, Andrew, , ,         | l) or Full O   | Orgar  | ization Name                                     |                                    | Date o | of Re   | eceipt | :   |                      |      |       |              |   |  |
|           | Mailing Address 4714 Gettysburg Rd  | 1  |  |  |                                    | 07     | /       |        | 21  | / Y                  |      | )23   | Y            |   |  |
|           | City<br>Mechanicsburg   |  |  | Zip Code<br>17055                                |                                    |        |         |        |     | A2023-1              |      |       |              |   |  |
|           | FEC ID number of contributing federal political committee.                          | С  |  |  | Amount of Each Receipt this Period |        |         |        |     |                      |      |       |              |   |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation                     |  | •  | ion (for Individual)<br>e                        | Memo Item                          |        |         |        |     |                      |      |       |              |   |  |
|           |   | Aggregate  | Yea  | r-to-Date ▼<br>1730.85                           |                                    |        |         |        |     |                      |      |       |              |   |  |
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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

Use separate schedule(s) for each category of the

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|                       |   |                 |              | Detailed Summary Page          |                 | < 11a      |      |        | 11b    |        | 11c                       |        | 12     | <u> </u> |  |  |  |
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| or                    | for commercial purposes, other than using the NAME OF COMMITTEE (In Full)       | e name and a    | aadr         | ess of any political committee | to s            | JICIT      | cont | rid    | utions | fro    | om such                   | 1 CO   | mmitte | e.       |  |  |  |
| $\left \right\rangle$ | Select Medical Corporation PA   | С               |              |                                |                 |            |      |        |        |        |                           |        |        |          |  |  |  |
| <u>к</u>              | Full Name of Individual (Last, First, Middle Ini<br>McDeavitt, Andrew, , ,      | tial) or Full C | Drga         | nization Name                  | Date of Receipt |            |      |        |        |        |                           |        |        |          |  |  |  |
|                       | Mailing Address 4714 Gettysburg Rd  |                 |              |                                | M<br>0          |            | /    | D<br>0 |        | / Y    | ۲<br>2                    | 023    | Y      |          |  |  |  |
|                       | City<br>Mechanicsburg   | State<br>PA     |              | Zip Code<br>17055              |                 |            |      |        |        |        | 2023-1<br>ceipt th        |        |        |          |  |  |  |
|                       | FEC ID number of contributing federal political committee.                      | С               | Ì            |                                |                 |            |      |        |        |        |                           | _      | 115.3  | 9        |  |  |  |
|                       | Name of Employer (for Individual)<br>Select Medical Corporation                 | Occ<br>Exe      | •            | tion (for Individual)<br>ve    |                 |            | Me   | mo     | Item   |        |                           |        |        |          |  |  |  |
|                       | Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate       | Yea          | ar-to-Date ▼<br>1846.24        |                 |            |      |        |        |        |                           |        |        |          |  |  |  |
| в.                    | Full Name of Individual (Last, First, Middle Ini<br>McDeavitt, Andrew, , ,      | tial) or Full C | Drga         | nization Name                  |                 | Date       | of   | Re     | ceipt  |        |                           |        |        |          |  |  |  |
|                       | Mailing Address 4714 Gettysburg Rd  |                 |              |                                |                 | M<br>0     |      | /      | D<br>1 | D<br>8 | / Y                       |        | )23    | Y        |  |  |  |
|                       | City<br>Mechanicsburg   | State<br>PA     |              | Zip Code<br>17055              |                 |            |      |        |        |        | 2023-1                    |        |        |          |  |  |  |
|                       | FEC ID number of contributing federal political committee.                      | С               |              |                                |                 | 115.39     |      |        |        |        |                           |        |        |          |  |  |  |
|                       | Name of Employer (for Individual)<br>Select Medical Corporation                 |                 | cupa<br>ecut | tion (for Individual)<br>ve    |                 | Memo Item  |      |        |        |        |                           |        |        |          |  |  |  |
|                       | Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate       | Yea          |                                |                 |            |      |        |        |        |                           |        |        |          |  |  |  |
| <u>с</u> .            | Full Name of Individual (Last, First, Middle Ini<br>McDeavitt, Andrew, , ,      | tial) or Full C | Drga         | nization Name                  |                 | Date       | of   | Re     | ceipt  |        |                           |        |        |          |  |  |  |
|                       | Mailing Address 4714 Gettysburg Rd  |                 |              |                                |                 | 09 01 2023 |      |        |        |        |                           |        |        |          |  |  |  |
|                       | City<br>Mechanicsburg   | State<br>PA     |              | Zip Code<br>17055              |                 |            |      |        |        |        | <b>2023-1</b><br>ceipt th |        |        |          |  |  |  |
|                       | FEC ID number of contributing federal political committee.                      | С               |              |                                |                 | Ē          |      |        | y .    |        |                           | _      | 115.3  | 9        |  |  |  |
|                       | Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For: | Exe             | cuti         |                                |                 | Ц          | Me   | mo     | Item   |        |                           |        |        |          |  |  |  |
|                       | Primary General<br>Other (specify)  | Aggregate       | Yea          | ar-to-Date ▼<br>2077.02        |                 |            |      |        |        |        |                           |        |        |          |  |  |  |
| s                     | UBTOTAL of Receipts This Page (optional)  |                 |              |                                | •<br>•          |            |      |        | ,      |        | 9                         | -<br>+ | 346.1  | 7        |  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|              | EIMIZED RECEIPIS  |                                       | Detailed Summary Page |                             |           |       | 1a              |      | 1     | 1b [   |         | 11c                 |        | 12       |       |  |
|--------------|---|---------------------------------------|-----------------------|-----------------------------|-----------|-------|-----------------|------|-------|--------|---------|---------------------|--------|----------|-------|--|
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| $\backslash$ | NAME OF COMMITTEE (In Full)   |                                       |                       |                             |           |       |                 |      |       |        |         |                     |        |          |       |  |
|              | Select Medical Corporation PAC  |                                       |                       |                             |           |       |                 |      |       |        |         |                     |        |          |       |  |
| Α.           | Full Name of Individual (Last, First, Middle Initia<br>McDeavitt, Andrew, , ,                     | al) or Full O                         | Orga                  | nization Name               |           | Da    | te of           | f Re | ece   | eipt   |         |                     |        |          |       |  |
|              | Mailing Address 4714 Gettysburg Rd  |                                       |                       |                             |           | L     | 09 <sup>M</sup> | /    | E     | D 15   |         | / Y                 | 20     | )23<br>) | Y     |  |
|              | City<br>Mechanicsburg   | State<br>PA                           |                       | Zip Code<br>17055           |           |       |                 |      | -     |        |         | 2023-2              |        |          |       |  |
|              |   |                                       | -                     | 17055                       | _         | Am    | ount            | t of | Ea    | ach F  | ₹ec     | eipt th             | is P   | eriod    |       |  |
|              | FEC ID number of contributing federal political committee.  | C                                     |                       |                             |           | Ŀ     | _               |      | 7     | _      | _       | -                   | _      | 115.3    | 9     |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                   | Occi<br>Exe                           | •                     | tion (for Individual)<br>ve |           |       | M               | emc  | o It  | tem    |         |                     |        |          |       |  |
|              | Receipt For:  |                                       |                       |                             |           |       |                 |      |       |        |         |                     |        |          |       |  |
|              | Other (specify) ▼   | nary General Aggregate Teal-to-Date V |                       |                             |           |       |                 |      |       |        |         |                     |        |          |       |  |
| в.           | Full Name of Individual (Last, First, Middle Initia<br>McDeavitt, Andrew, , ,                     | al) or Full O                         | Drga                  | nization Name               |           | Da    | te of           | f Re | ece   | eipt   |         |                     |        |          |       |  |
|              | Mailing Address 4714 Gettysburg Rd  |                                       |                       |                             |           |       | м<br>09         | 1    | ľ     | 29     |         | / Y                 |        | )23      | Y     |  |
|              | City  | State                                 |                       | Zip Code                    |           | Т     | rans            | acti | ion   | ו ID : | A2      | 2023-2 <sup>.</sup> | 1302   | 271      |       |  |
|              | Mechanicsburg   | PA                                    | 17055                 |                             | Am        | nount | t of            | Ea   | ach F | Rec    | eipt th | is P                | Period |          |       |  |
|              | FEC ID number of contributing federal political committee.  | С                                     |                       |                             |           | Ē     |                 |      | ,     |        | _       | -7                  |        | 115.3    | 9     |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                   |                                       | upa<br>ecuti          | tion (for Individual)<br>ve |           |       | M               | emc  | o It  | tem    |         |                     |        |          |       |  |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                             | Yea                   | ar-to-Date ▼<br>2307.80     |           |       |                 |      |       |        |         |                     |        |          |       |  |
| <u> </u>     | Full Name of Individual (Last, First, Middle Initia<br>McDeavitt, Andrew, , ,                     | al) or Full O                         | Drga                  | nization Name               |           | Da    | te of           | f Re |       | aint   |         |                     |        |          |       |  |
|              | Mailing Address 4714 Gettysburg Rd  |                                       |                       |                             |           |       | 10 <sup>™</sup> | _    |       | 13     |         | / Y                 |        | )23      | Y     |  |
|              | City  | State                                 |                       | Zip Code                    |           | Т     | rans            | sact | ior   | n ID : | : A2    | 2023-2              | 294    | 534      |       |  |
|              | Mechanicsburg   | PA                                    |                       | 17055                       |           | Am    | nount           | t of | Ea    | ach F  | Rec     | eipt th             | is P   | eriod    |       |  |
|              | FEC ID number of contributing federal political committee.  | С                                     |                       |                             |           |       |                 |      | ,     |        | _       | y                   |        | 115.3    | 9     |  |
|              | Name of Employer (for Individual)   | Occi                                  | upa                   | tion (for Individual)       | Memo Item |       |                 |      |       |        |         |                     |        |          |       |  |
|              | Select Medical Corporation  | Exe                                   | cutiv                 | /e                          |           |       |                 |      |       |        |         |                     |        |          |       |  |
|              | Receipt For:  | Aggregate                             | Yea                   | ar-to-Date 🔻                |           |       |                 |      |       |        |         |                     |        |          |       |  |
|              | Other (specify)   |                                       | -                     | 2423.19                     |           |       |                 |      |       |        |         |                     |        |          |       |  |
| s            | UBTOTAL of Receipts This Page (optional)  |                                       |                       | •••••                       |           |       |                 |      |       |        | Ī       |                     |        | 346.1    | 7     |  |
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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| •••          |  |               |                    | etailed Summary Page       |        | X         | 11a             |          | 11b        |         | 11c             |                | 12               | <u> </u>   |  |  |  |
|--------------|--|---------------|--------------------|----------------------------|--------|-----------|-----------------|----------|------------|---------|-----------------|----------------|------------------|------------|--|--|--|
| Ar           | y information copied from such Reports and St                                | atements ma   | l<br>ay no         | t be sold or used by any r | berson | n fo      | 13<br>or the j  | <br>puri | 14<br>pose | of :    | 15<br>solicitin | <br>g co       | 16<br>16         | 17<br>ions |  |  |  |
|              | for commercial purposes, other than using the                                |               |                    |                            |        |           |                 |          |            |         |                 |                |                  |            |  |  |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)  |               |                    |                            |        |           |                 |          |            |         |                 |                |                  |            |  |  |  |
| $\square$    | Select Medical Corporation PAC   | ;             |                    |                            |        |           |                 |          |            |         |                 |                |                  |            |  |  |  |
| ^            | Full Name of Individual (Last, First, Middle Initi                           | al) or Full C | Organi             | zation Name                |        | -         | ) ot            |          |            |         |                 |                |                  |            |  |  |  |
| Α.           | McDeavitt, Andrew, , ,   |               |                    |                            |        |           | Date of         | не       | · ·        |         |                 |                |                  |            |  |  |  |
|              | Mailing Address 4714 Gettysburg Rd   |               |                    |                            |        | ſ         | м м<br>10       | 1        |            | D<br>27 | / Y             | 2 <sup>i</sup> | 023              | Y          |  |  |  |
|              | City   | State         |                    | Zip Code                   |        | ľ         | Trans           | acti     | ion II     | D:/     | A2023-2         | 2353           | 878              |            |  |  |  |
|              | Mechanicsburg  | PA            |                    | 17055                      |        | A         | mount           | of       | Each       | ו Re    | eceipt tl       | nis F          | Period           |            |  |  |  |
|              | FEC ID number of contributing federal political committee.                   | С             |                    |                            | 115.39 |           |                 |          |            |         |                 |                |                  |            |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation              |               | cupatio<br>ecutivo | on (for Individual)<br>e   |        |           | Me              | emc      | b Iten     | n       |                 |                |                  |            |  |  |  |
|              | Receipt For:   | Aggregate     | Year               | -to-Date ▼                 |        |           |                 |          |            |         |                 |                |                  |            |  |  |  |
|              | Primary General  |               |                    | 2520 50                    | 11.    |           |                 |          |            |         |                 |                |                  |            |  |  |  |
|              | Other (specify)  |               | 7                  | 2538.58                    |        |           |                 |          |            |         |                 |                |                  |            |  |  |  |
| В.           | Full Name of Individual (Last, First, Middle Initi<br>McDeavitt, Andrew, , , | al) or Full C | Drgani             | zation Name                |        | C         | Date of         | Re       | eceipt     | <br>t   |                 |                |                  |            |  |  |  |
|              | Mailing Address 4714 Gettysburg Rd   |               |                    |                            |        | ľ         | <sup>M</sup> 11 | 1        |            | D<br>10 | / Y             | 2(             | )<br>23          | Y          |  |  |  |
|              | City   | State         |                    | Zip Code                   |        |           | Transa          | acti     | ion II     | ):/     | A2023-2         | 2465           | 138              |            |  |  |  |
|              | Mechanicsburg  | PA            |                    | 17055                      |        | A         | mount           | of       | Each       | ۱ Re    | eceipt tl       | nis P          | 'eriod           |            |  |  |  |
|              | FEC ID number of contributing federal political committee.                   | С             |                    | ļ                          |        |           | -j-             |          |            | _       | 115.3           | 39             |                  |            |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation              |               | cupati<br>ecutiv   | on (for Individual)<br>e   |        | Memo Item |                 |          |            |         |                 |                |                  |            |  |  |  |
|              | Receipt For:   | Aggregate     |                    |                            |        |           |                 |          |            |         |                 |                |                  |            |  |  |  |
|              | Primary General<br>Other (specify) ▼   |               | ]                  |                            |        |           |                 |          |            |         |                 |                |                  |            |  |  |  |
| С.           | Full Name of Individual (Last, First, Middle Initi<br>McDeavitt, Andrew, , , | al) or Full C | Drgani             | zation Name                |        | D         | Date of         | Re       | eceipt     |         |                 |                |                  |            |  |  |  |
|              | Mailing Address 4714 Gettysburg Rd   |               |                    |                            |        | l         | <sup>™</sup> 11 | 1        |            | 24      | / Y             |                | )23 <sup>°</sup> | Y          |  |  |  |
|              | City   | State<br>PA   |                    | Zip Code                   |        |           |                 |          |            |         | A2023-2         |                |                  |            |  |  |  |
|              | Mechanicsburg  |               |                    | 17055                      |        | A         | mount           | of       | Each       | ۱Re     | eceipt tl       | nis F          | 'eriod           |            |  |  |  |
|              | FEC ID number of contributing federal political committee.                   | С             |                    |                            |        | ļ         | _               | _        | 7          | _       | , <u>,</u>      | _              | 115.3            | 39         |  |  |  |
|              | Name of Employer (for Individual)  | Occ           | cupatio            | on (for Individual)        |        |           | Me              | emo      | o Iten     | n       |                 |                |                  |            |  |  |  |
|              | Select Medical Corporation   | Exe           | ecutive            | 9                          |        |           |                 |          |            |         |                 |                |                  |            |  |  |  |
|              | Receipt For:   | Aggregate     | Year               | -to-Date 🔻                 |        |           |                 |          |            |         |                 |                |                  |            |  |  |  |
|              | Primary General  |               |                    | 2769.36                    | 11.    |           |                 |          |            |         |                 |                |                  |            |  |  |  |
|              | Other (specify)  |               |                    |                            | 4      |           |                 |          |            |         |                 |                |                  |            |  |  |  |
| ⊢            | UBTOTAL of Receipts This Page (optional)                                     |               |                    | •                          |        | [         | -               | _        | 5          | -       | , j             | +              | 346.1            | 7          |  |  |  |
| I T          | OTAL This Period (last page this line number of                              | nıy)          | •••••              | ······ )                   |        | I.        | -               |          | -          |         |                 | -              |                  |            |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

FOR LINE NUMBER:

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| TEMIZED RECEIFTS |   |   |                        | Detailed Summary Page        |   | 11a                |       | -  | 11b                         |         | 11c |   | 12              |    |  |  |  |  |  |  |  |
|------------------|---|---|------------------------|------------------------------|---|--------------------|-------|----|-----------------------------|---------|-----|---|-----------------|----|--|--|--|--|--|--|--|
| An               | r information copied from such Reports and Stat                             | emente m                                      |                        | ot be cold or used by one of |   | 13                 |       | _  | 14                          | of      | 15  |   | 16              | 17 |  |  |  |  |  |  |  |
|                  | or commercial purposes, other than using the na                             |   |                        |                              |   |                    |       |    |                             |         |     |   |                 |    |  |  |  |  |  |  |  |
| $\overline{)}$   | NAME OF COMMITTEE (In Full)   |   |                        |                              |   |                    |       |    |                             |         |     |   |                 |    |  |  |  |  |  |  |  |
| $\left  \right $ | Select Medical Corporation PAC  |   |                        |                              |   |                    |       |    |                             |         |     |   |                 |    |  |  |  |  |  |  |  |
| A                | Full Name of Individual (Last, First, Middle Initial McDeavitt, Andrew, , , | ) or Full O                                   | rgar                   | nization Name                |   | Date               | of Re | ec | ceipt                       |         |     |   |                 |    |  |  |  |  |  |  |  |
| _                | Mailing Address 4714 Gettysburg Rd  | 1   |                        |                              |   | <sup>м</sup><br>12 | И /   | /  |                             | D8      | /   | Y | 2023            | Y  |  |  |  |  |  |  |  |
|                  | City<br>Mechanicsburg   | State<br>PA                                   |                        | Zip Code<br>17055            |   |                    |       |    |                             |         |     |   | 26380           |    |  |  |  |  |  |  |  |
| F                | FEC ID number of contributing ederal political committee.                   | C   |                        |                              | Amount of Each Receipt this Period                                |                    |       |    |                             |         |     |   |                 |    |  |  |  |  |  |  |  |
|                  | Name of Employer (for Individual)<br>Select Medical Corporation             |   |                        |                              |   |                    |       |    |                             |         |     |   |                 |    |  |  |  |  |  |  |  |
| Ī                | Receipt For:<br>Primary General<br>Other (specify) ▼                        | For: Aggregate Year-to-Date ▼<br>mary General |                        |                              |   |                    |       |    |                             |         |     |   |                 |    |  |  |  |  |  |  |  |
|                  | Full Name of Individual (Last, First, Middle Initial McDeavitt, Andrew, , , |   | Date                   | of Re                        | ec  | ceipt              |       |    |                             |         |     |   |                 |    |  |  |  |  |  |  |  |
| 1                | Mailing Address 4714 Gettysburg Rd  |   |                        |                              |   |                    |       |    | 12 / D / Y Y Y Y<br>22 2023 |         |     |   |                 |    |  |  |  |  |  |  |  |
|                  | City<br>Mechanicsburg   | State<br>PA                                   |                        | Zip Code<br>17055            | Transaction ID : A2023-2802145 Amount of Each Receipt this Period |                    |       |    |                             |         |     |   |                 |    |  |  |  |  |  |  |  |
|                  | FEC ID number of contributing ederal political committee.                   | С   |                        |                              | 115.25  |                    |       |    |                             |         |     |   |                 |    |  |  |  |  |  |  |  |
|                  | Name of Employer (for Individual)<br>Select Medical Corporation             |   | upat<br>ecuti          | tion (for Individual)<br>ve  | Memo Item   |                    |       |    |                             |         |     |   |                 |    |  |  |  |  |  |  |  |
| Ī                | Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate                                     | Yea                    | ur-to-Date ▼<br>3000.00      |   |                    |       |    |                             |         |     |   |                 |    |  |  |  |  |  |  |  |
| с.<br>Г          | Full Name of Individual (Last, First, Middle Initial McGrath, Lisa, , ,     | ) or Full O                                   | )rgai                  | nization Name                |   | Date               | of Re | ec | ceipt                       |         |     |   |                 |    |  |  |  |  |  |  |  |
| ſ                | Mailing Address 411 Shenandoah Drive  |   |                        |                              |   | <sup>M</sup> 07    | И /   | /  |                             | D<br>14 | /   |   | y<br>2023       | Y  |  |  |  |  |  |  |  |
|                  | Collegeville  | State<br>PA                                   |                        | Zip Code<br>19426            |   |                    |       | -  | -                           |         |     |   | 32870<br>Period |    |  |  |  |  |  |  |  |
|                  | FEC ID number of contributing ederal political committee.                   | С   |                        |                              |   | <u> </u>           |       | ,  | 9                           |         | . , |   | 115.3           | 39 |  |  |  |  |  |  |  |
| ;                | Name of Employer (for Individual)<br>Select Medical Corporation             | Occi<br>NP                                    | upat                   | ion (for Individual)         |   | ſ                  | /lem  | 0  | Iten                        | ſ       |     |   |                 |    |  |  |  |  |  |  |  |
| Ī                | Receipt For:<br>Primary General<br>Other (specify)                          | Aggregate                                     | r-to-Date ▼<br>1615.46 |                              |   |                    |       |    |                             |         |     |   |                 |    |  |  |  |  |  |  |  |
| รเ               | BTOTAL of Receipts This Page (optional)                                     |   |                        |                              |   |                    |       |    | 7                           |         |     |   | 346.0           | 3  |  |  |  |  |  |  |  |
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| SCHEDULE A (FEC Form 3X)   |                          | FOR LINE NUMBER: PAGE 164 OF |  |  |  |  |  |  |  |  |  |  |  |
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| ITEMIZED RECEIPTS  | Use separate schedule(s) | (check only one)             |  |  |  |  |  |  |  |  |  |  |  |
|  | for each category of the | <b>X</b> 11a 11b 11c 12      |  |  |  |  |  |  |  |  |  |  |  |
|  | Detailed Summary Page    | 13 14 15 16                  |  |  |  |  |  |  |  |  |  |  |  |
| Any information copied from such Reports and Statements n<br>or for commercial purposes, other than using the name and |                          |                              |  |  |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  |                          |                              |  |  |  |  |  |  |  |  |  |  |  |
| Select Medical Corporation PAC   |                          |                              |  |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initial) or Full  | Organization Name        |                              |  |  |  |  |  |  |  |  |  |  |  |

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

| Α.         | McGrath, Lisa, , ,   |                     |                           | Date of Receipt  |
|------------|--|---------------------|---------------------------|--|
|            | Mailing Address 411 Shenandoah Drive                               |                     |                           | M M / D D / Y Y Y Y<br>07 28 2023                                    |
|            | City   | State               | Zip Code                  | Transaction ID : A2023-1654994                                       |
|            | Collegeville   | PA                  | 19426                     | Amount of Each Receipt this Period                                   |
|            | FEC ID number of contributing federal political committee.         | С                   |                           | 115.39   |
|            | Name of Employer (for Individual)<br>Select Medical Corporation    | Occup<br>NP         | pation (for Individual)   | Memo Item  |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼               | Aggregate Y         | /ear-to-Date ▼<br>1730.85 |  |
| в.         | Full Name of Individual (Last, First, Middle In McGrath, Lisa, , , | iitial) or Full Org | ganization Name           | Data of Receipt  |
| ο.         |  |                     |                           | Date of Receipt  |
|            | Mailing Address 411 Shenandoah Drive                               |                     |                           | 08 11 2023   |
|            | City   | State               | Zip Code                  | Transaction ID : A2023-1764934                                       |
|            | Collegeville   | PA                  | 19426                     | Amount of Each Receipt this Period                                   |
|            | FEC ID number of contributing federal political committee.         | С                   |                           | 115.39   |
|            | Name of Employer (for Individual)<br>Select Medical Corporation    | Occu<br>NP          | pation (for Individual)   | Memo Item  |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼               | Aggregate Y         | /ear-to-Date ▼<br>1846.24 |  |
| <u>с</u> . | Full Name of Individual (Last, First, Middle In McGrath, Lisa, , , | iitial) or Full Org | ganization Name           | Date of Receipt  |
|            | Mailing Address 411 Shenandoah Drive                               |                     |                           | 08 25 2023   |
|            | City<br>Collegeville   | State<br>PA         | Zip Code<br>19426         | Transaction ID : A2023-1903182<br>Amount of Each Receipt this Period |
|            | FEC ID number of contributing federal political committee.         | С                   |                           | 115.39   |
|            | Name of Employer (for Individual)<br>Select Medical Corporation    | Occup<br>NP         | pation (for Individual)   | Memo Item  |
|            | Receipt For:<br>Primary General<br>Other (specify)                 | Aggregate Y         | ⁄ear-to-Date ▼<br>1961.63 |  |
| 5          | SUBTOTAL of Receipts This Page (optional)                          |                     | ····· ►                   | 346.17   |

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| SCHEDULE A   | (FEC Form 3X) |
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|                |  |                         |      | for each category of the<br>Detailed Summary Page |  | _         | 11a             |      | 11                              | · -  | 11c                  |       | 12               |    |  |  |  |  |  |  |
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|                | y information copied from such Reports and Stal<br>for commercial purposes, other than using the n |                         |      |   |  | fo        |                 |      |                                 | e of |                      |       |                  |    |  |  |  |  |  |  |
| $\overline{)}$ | NAME OF COMMITTEE (In Full)  |                         |      |   |  |           |                 |      |                                 |      |                      |       |                  |    |  |  |  |  |  |  |
| $\rangle$      | Select Medical Corporation PAC   |                         |      |   |  |           |                 |      |                                 |      |                      |       |                  |    |  |  |  |  |  |  |
| Α.             | Full Name of Individual (Last, First, Middle Initia<br>McGrath, Lisa, , ,                          | l) or Full O            | Drga | nization Name                                     |  | D         | ate of          | f Re | ecei                            | pt   |                      |       |                  |    |  |  |  |  |  |  |
|                | Mailing Address 411 Shenandoah Drive   |                         |      | 1   |  | C         | 09              | /    | ľ                               | 08   |                      |       | 023              | Y  |  |  |  |  |  |  |
|                | City<br>Collegeville   | State<br>PA             |      | Zip Code<br>19426                                 | Transaction ID : A2023-2037014<br>Amount of Each Receipt this Period |           |                 |      |                                 |      |                      |       |                  |    |  |  |  |  |  |  |
|                | FEC ID number of contributing federal political committee.   | C                       | ï    |   |  | A         | noun            | t of | Ea                              | ch R | leceipt t            | nis P | eriod<br>115.    | 39 |  |  |  |  |  |  |
|                | Name of Employer (for Individual)<br>Select Medical Corporation                                    | Occi<br>NP              | upa  | tion (for Individual)                             | Memo Item  |           |                 |      |                                 |      |                      |       |                  |    |  |  |  |  |  |  |
|                | Receipt For:<br>Primary General<br>Other (specify) ▼   | ar-to-Date ▼<br>2077.02 |      |   |  |           |                 |      |                                 |      |                      |       |                  |    |  |  |  |  |  |  |
| в.             | Full Name of Individual (Last, First, Middle Initia<br>McGrath, Lisa, , ,                          |                         | D    | ate of  | f Re   | ecei      | pt              |      |                                 |      |                      |       |                  |    |  |  |  |  |  |  |
|                | Mailing Address 411 Shenandoah Drive   |                         |      |   |  |           |                 |      | 09 / D D / Y Y Y Y Y<br>22 2023 |      |                      |       |                  |    |  |  |  |  |  |  |
|                | City<br>Collegeville   | State<br>PA             |      | Zip Code<br>19426                                 |  |           |                 |      |                                 |      | A2023-2<br>leceipt t |       |                  |    |  |  |  |  |  |  |
|                | FEC ID number of contributing federal political committee.   | С                       |      |   | 115.39   |           |                 |      |                                 |      |                      |       |                  |    |  |  |  |  |  |  |
|                | Name of Employer (for Individual)<br>Select Medical Corporation                                    | Occ<br>NP               |      | tion (for Individual)                             | Memo Item  |           |                 |      |                                 |      |                      |       |                  |    |  |  |  |  |  |  |
|                | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate               | Yea  | ar-to-Date ▼<br>2192.41                           |  |           |                 |      |                                 |      |                      |       |                  |    |  |  |  |  |  |  |
| с.             | Full Name of Individual (Last, First, Middle Initia<br>McGrath, Lisa, , ,                          | l) or Full O            | )rga | nization Name                                     |  | D         | ate of          | f Re | ecei                            | pt   |                      |       |                  |    |  |  |  |  |  |  |
|                | Mailing Address 411 Shenandoah Drive   | 1                       |      |   |  | L         | 10 <sup>M</sup> | 1    | L                               | 06   | JL                   | 20    | )23 <sup>°</sup> | Y  |  |  |  |  |  |  |
|                | City<br>Collegeville   | State<br>PA             |      | Zip Code<br>19426                                 |  |           |                 |      | -                               |      | A2023-               | -     |                  |    |  |  |  |  |  |  |
|                | FEC ID number of contributing federal political committee.   | С                       | l    |   |  |           | noun            |      | <u> </u>                        |      | Jooonpt 1            |       | 115.             | 39 |  |  |  |  |  |  |
|                | Name of Employer (for Individual)<br>Select Medical Corporation                                    | Occi<br>NP              | upa  | tion (for Individual)                             |  | Memo Item |                 |      |                                 |      |                      |       |                  |    |  |  |  |  |  |  |
|                | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate               |      |   |  |           |                 |      |                                 |      |                      |       |                  |    |  |  |  |  |  |  |
| s              | UBTOTAL of Receipts This Page (optional)   |                         |      | •••••   |  | [         |                 |      | ,                               |      | . ,                  |       | 346.             | 17 |  |  |  |  |  |  |
| т              | OTAL This Period (last page this line number on  | ly)                     |      | •••••   | -  | ĺ         |                 |      | ,                               |      |                      |       |                  |    |  |  |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS |   |               | Use separate schedu<br>for each category of |           | (check only one)   |           |               |               |       |  |  |  |  |  |
|-------------------|---|---------------|---|-----------|--|-----------|---------------|---------------|-------|--|--|--|--|--|
|                   |   |               | Detailed Summary P                          |           | X 11a  | 11b       | 11c           | 12            | 17    |  |  |  |  |  |
|                   | y information copied from such Reports and St for commercial purposes, other than using the |               |   |           | son for the  | purpose c | of soliciting | g contribut   | tions |  |  |  |  |  |
|                   | NAME OF COMMITTEE (In Full)   |               |   |           |  |           |               |               |       |  |  |  |  |  |
|                   | Select Medical Corporation PAC  | ;             |   |           |  |           |               |               |       |  |  |  |  |  |
| Α.                | Full Name of Individual (Last, First, Middle Initi<br>McGrath, Lisa, , ,                    | al) or Full O | rganization Name                            |           | Date o   | f Receipt |               |               |       |  |  |  |  |  |
|                   | Mailing Address 411 Shenandoah Drive  |               |   |           | 10 / D D / Y Y Y Y<br>2023   |           |               |               |       |  |  |  |  |  |
|                   | City<br>Collegeville  | State<br>PA   | Zip Code<br>19426                           |           | Transaction ID : A2023-2314420<br>Amount of Each Receipt this Period |           |               |               |       |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                  | С             |   |           |  | - 45- 1   |               | 115.:         | 39    |  |  |  |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                             | Occi<br>NP    | upation (for Individual)                    |           | М  | emo Item  |               |               |       |  |  |  |  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼  | 3.19          |   |           |  |           |               |               |       |  |  |  |  |  |
| _                 | Full Name of Individual (Last, First, Middle Initi  | al) or Full O | rganization Name                            |           |  |           |               |               |       |  |  |  |  |  |
| В.                | McGrath, Lisa, , ,<br>Mailing Address 411 Shenandoah Drive                                  |               | Date of                                     | f Receipt |  | 2023      | Y             |               |       |  |  |  |  |  |
|                   | City  | State         | Zip Code                                    |           | Trans  | action ID | : A2023-2     | 379814        |       |  |  |  |  |  |
|                   | Collegeville  | PA            | 19426                                       |           | Amoun  | t of Each | Receipt th    | is Period     |       |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                  | С             |   |           | 115.39   |           |               |               |       |  |  |  |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                             | Occ<br>NP     | upation (for Individual)                    |           | Memo Item  |           |               |               |       |  |  |  |  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>253                       | 8.58      |  |           |               |               |       |  |  |  |  |  |
| с.                | Full Name of Individual (Last, First, Middle Initi<br>McGrath, Lisa, , ,                    | al) or Full O | rganization Name                            |           | Date o   | f Receipt |               |               |       |  |  |  |  |  |
|                   | Mailing Address 411 Shenandoah Drive  |               |   |           | M M<br>11  | / D       | 7             | y y<br>2023   | Y     |  |  |  |  |  |
|                   | City<br>Collegeville  | State<br>PA   | Zip Code<br>19426                           |           |  | action ID |               |               |       |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                  | С             |   |           |  | , ,       | ,             | 115.3         | 39    |  |  |  |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                             | Occi<br>NP    | upation (for Individual)                    |           | M  | emo Item  |               |               |       |  |  |  |  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Year-to-Date ▼<br>265                       |           |  |           |               |               |       |  |  |  |  |  |
| s                 | UBTOTAL of Receipts This Page (optional)  |               |   |           |  |           | ,             | 346. <i>*</i> | 17    |  |  |  |  |  |
| т                 | OTAL This Period (last page this line number of   | only)         |   |           | Ľ  |           |               |               |       |  |  |  |  |  |

| SCHEDULE A   | (FEC Fo | orm 3X) |
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| ITEMIZED RECEIPTS |  |              |     | for each category of the<br>Detailed Summary Page |  | _         | 11a  |            | 111    | - F  | 11c     |  | 12       | <u> </u> |  |  |  |  |  |  |
|-------------------|--|--------------|-----|---|--|-----------|--|------------|--------|------|---------|--|----------|----------|--|--|--|--|--|--|
|                   | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n |              |     |   |  | fo        |  |            |        | e of |         |  |          |          |  |  |  |  |  |  |
| $\overline{)}$    | NAME OF COMMITTEE (In Full)  |              |     |   |  |           |  |            |        |      |         |  |          |          |  |  |  |  |  |  |
| $\Big\rangle$     | Select Medical Corporation PAC   |              |     |   |  |           |  |            |        |      |         |  |          |          |  |  |  |  |  |  |
| Α.                | Full Name of Individual (Last, First, Middle Initial McGrath, Lisa, , ,                            | l) or Full O | rga | nization Name                                     |  | D         | ate of                                       | f Re       | ecei   | pt   |         |  |          |          |  |  |  |  |  |  |
|                   | Mailing Address 411 Shenandoah Drive   | 1 -          |     | I   |  | Ľ         | 12   | /          |        | 01   | / Y     |  | )23<br>) | Y        |  |  |  |  |  |  |
|                   | City<br>Collegeville   | State<br>PA  |     | Zip Code<br>19426                                 |  |           |  |            |        |      | A2023-2 |  |          |          |  |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.   | C            |     |   |  | A         | Amount of Each Receipt this Period<br>115.39 |            |        |      |         |  |          |          |  |  |  |  |  |  |
|                   | Name of Employer (for Individual)  |              | upa | tion (for Individual)                             | Memo Item  |           |  |            |        |      |         |  |          |          |  |  |  |  |  |  |
|                   | Select Medical Corporation Receipt For: Primary General  | Aggregate    | Yea | ar-to-Date 🔻                                      |  |           |  |            |        |      |         |  |          |          |  |  |  |  |  |  |
|                   | Other (specify)  | 2769.36      |     |   |  |           |  |            |        |      |         |  |          |          |  |  |  |  |  |  |
| в.                | Full Name of Individual (Last, First, Middle Initial McGrath, Lisa, , ,                            | l) or Full O | rga | nization Name                                     |  | D         | ate of                                       | f Re       | eceij  | pt   |         |  |          |          |  |  |  |  |  |  |
|                   | Mailing Address 411 Shenandoah Drive   |              |     |   |  |           |  | 12 15 2023 |        |      |         |  |          |          |  |  |  |  |  |  |
|                   | City<br>Collegeville   | State<br>PA  |     | Zip Code<br>19426                                 | Transaction ID : A2023-2802088<br>Amount of Each Receipt this Period |           |  |            |        |      |         |  |          |          |  |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.   | С            |     |   | 115.39<br>Memo Item  |           |  |            |        |      |         |  |          |          |  |  |  |  |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                                    | Occi<br>NP   | upa | tion (for Individual)                             |  |           |  |            |        |      |         |  |          |          |  |  |  |  |  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate    | Yea | ar-to-Date ▼<br>2884.75                           |  |           |  |            |        |      |         |  |          |          |  |  |  |  |  |  |
| с.                | Full Name of Individual (Last, First, Middle Initial McGrath, Lisa, , ,                            | l) or Full O | rga | nization Name                                     |  | D         | ate of                                       | f Re       | ecei   | pt   |         |  |          |          |  |  |  |  |  |  |
|                   | Mailing Address 411 Shenandoah Drive   |              |     |   |  | Ľ         | 12   | /          |        | 29   | / Y     |  | 23       | Y        |  |  |  |  |  |  |
|                   | City<br>Collegeville   | State<br>PA  |     | Zip Code<br>19426                                 |  |           |  |            | -      |      | A2023-3 |  |          |          |  |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.   | С            |     |   |  | Ę         |  |            | ,<br>, |      | . ,     |  | 115.     | 25       |  |  |  |  |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                                    | Occu<br>NP   | upa | tion (for Individual)                             |  | Memo Item |  |            |        |      |         |  |          |          |  |  |  |  |  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate    | Yea | ar-to-Date ▼<br>3000.00                           |  |           |  |            |        |      |         |  |          |          |  |  |  |  |  |  |
| s                 | UBTOTAL of Receipts This Page (optional)   |              |     | ••••••  |  | [         |  |            | ,      |      |         |  | 346.     | 03       |  |  |  |  |  |  |
| Т                 | OTAL This Period (last page this line number on  | ly)          |     | •   | -  | ĺ         |  |            | -      |      |         |  |          |          |  |  |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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|---------------------|---|-------------------------------|--|------------------------------------|--------------------|--------------|------------------|------------------|---------------|------------|------------------|-------------|----|--|--|
|                     |   |                               |  |                                    | 13                 |              | 14               | 1:               | 5             |            | 16               |             | 17 |  |  |
| Any i<br>or for     | nformation copied from such Reports and Stat                                  | ements may<br>ame and ad      | y not be sold or used by any pe<br>Idress of any political committee | erson f<br>to so                   | or the<br>licit co | pur<br>ntrib | pose o<br>utions | of solic<br>from | iting<br>such | cor<br>cor | ntribut<br>nmitt | ions<br>ee. | ;  |  |  |
| \ N/                | AME OF COMMITTEE (In Full)  |                               |  |                                    |                    |              |                  |                  |               |            |                  |             |    |  |  |
| ∕ s                 | elect Medical Corporation PAC   |                               |  |                                    |                    |              |                  |                  |               |            |                  |             |    |  |  |
| A                   | II Name of Individual (Last, First, Middle Initial<br>McNelis, Shaun, J, Mr., | ) or Full Or                  | ganization Name  |                                    | Date of            | f Re         | ceipt            |                  |               |            |                  |             |    |  |  |
| _                   | ailing Address 204 Northwood Cir  | 1                             |  |                                    | 07 <sup>M</sup>    | 1            | D<br>07          |                  | Y             |            | )23              | Y           |    |  |  |
| Ci                  | -   | State<br>PA                   | Zip Code   |                                    | Trans              | acti         | ion ID           | : A202           | 23-16         | 332        | 257              |             |    |  |  |
| IV                  | echanicsburg  |                               | 17050-6882   | Amount of Each Receipt this Period |                    |              |                  |                  |               |            |                  |             |    |  |  |
|                     | C ID number of contributing deral political committee.                        | С                             |  |                                    |                    |              |                  |                  |               |            |                  |             |    |  |  |
|                     | ame of Employer (for Individual)<br>elect Medical Corporation                 |                               | pation (for Individual)<br>President                                 | Memo Item                          |                    |              |                  |                  |               |            |                  |             |    |  |  |
| Re                  | eceipt For:   | Aggregate \                   | Year-to-Date ▼   |                                    |                    |              |                  |                  |               |            |                  |             |    |  |  |
| _                   | Primary General<br>Other (specify) ▼  |                               |  |                                    |                    |              |                  |                  |               |            |                  |             |    |  |  |
|                     | II Name of Individual (Last, First, Middle Initial<br>IcNelis, Shaun, J, Mr., |                               | Date of  | f Re                               | ceipt              |              |                  |                  |               |            |                  |             |    |  |  |
| Ma                  | ailing Address 204 Northwood Cir  | 07 / D D / Y Y Y Y<br>21 2023 |  |                                    |                    |              |                  |                  |               |            |                  |             |    |  |  |
| Ci                  | ty  | State                         | Zip Code   |                                    | Trans              | acti         | on ID :          | : A202           | 23-16         | 357        | <u>'00</u>       |             |    |  |  |
| M                   | echanicsburg  | PA                            | 17050-6882   | /                                  | Amount             | t of         | Each I           | Receip           | ot this       | s P        | eriod            |             |    |  |  |
|                     | EC ID number of contributing deral political committee.                       | С                             |  | 115.39                             |                    |              |                  |                  |               |            |                  |             |    |  |  |
|                     | ame of Employer (for Individual)<br>elect Medical Corporation                 |                               | pation (for Individual)<br>President                                 | Memo Item                          |                    |              |                  |                  |               |            |                  |             |    |  |  |
| Re                  |   | Aggregate \                   | Year-to-Date ▼   |                                    |                    |              |                  |                  |               |            |                  |             |    |  |  |
|                     | Primary General<br>Other (specify) ▼  |                               | , 1730.85  |                                    |                    |              |                  |                  |               |            |                  |             |    |  |  |
|                     | II Name of Individual (Last, First, Middle Initial<br>McNelis, Shaun, J, Mr., | ) or Full Or                  | ganization Name  |                                    | Date of            | f Re         | ceipt            |                  |               |            |                  |             |    |  |  |
| Ma                  | ailing Address 204 Northwood Cir  |                               |  |                                    | <sup>M</sup> 08    | /            | D<br>04          |                  | Y             | 20         | 23               | Y           |    |  |  |
| Ci                  | -   | State                         | Zip Code   |                                    | Trans              | sact         | ion ID           | : A20            | 23-16         | 793        | 308              | _           |    |  |  |
| N                   | lechanicsburg   | PA                            | 17050-6882   | A                                  | Amoun              | t of         | Each I           | Receip           | ot this       | s P        | eriod            |             |    |  |  |
|                     | EC ID number of contributing deral political committee.                       | С                             |  |                                    |                    |              | ,                |                  | 9             |            | 115.3            | 39          |    |  |  |
| Na                  | ame of Employer (for Individual)  | Occu                          | pation (for Individual)  | Memo Item                          |                    |              |                  |                  |               |            |                  |             |    |  |  |
|                     | elect Medical Corporation   | Vice I                        | President  |                                    |                    |              |                  |                  |               |            |                  |             |    |  |  |
| Re                  | eceipt For:   | Aggregate \                   | Year-to-Date ▼   |                                    |                    |              |                  |                  |               |            |                  |             |    |  |  |
| -                   | Other (specify)   |                               | 1846.24  |                                    |                    |              |                  |                  |               |            |                  |             |    |  |  |
| SUE                 | TOTAL of Receipts This Page (optional)  |                               |  |                                    |                    |              |                  |                  |               | _          | 346. <i>′</i>    | 17          |    |  |  |
|                     | AL This Period (last page this line number on                                 |                               | •  |                                    |                    |              | , .<br>,         |                  | ,             |            |                  | =           |    |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|           | EMIZED REGEIPTS   |  |      | or each category of the<br>Detailed Summary Page |  | 11a             |      | -      | 11b<br>14  |   | 11c<br>15          | $\square$ | 12<br>16         | 17    |   |  |  |
|-----------|---|--|------|--|--|-----------------|------|--------|------------|---|--------------------|-----------|------------------|-------|---|--|--|
|           | y information copied from such Reports and State for commercial purposes, other than using the nar                    |  |      |  |  | or the          |      | rpo    | ose of     |   | liciting           |           | ntribu           | tions | _ |  |  |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PAC   |  |      |  |  |                 |      |        |            |   |                    |           |                  |       |   |  |  |
| Α.        | Full Name of Individual (Last, First, Middle Initial)<br>McNelis, Shaun, J, Mr.,<br>Mailing Address 204 Northwood Cir | or Full Or                               | rgar | nization Name                                    | [  | Date            |      | ec     | eipt<br>18 |   | / Y                |           | )23              | Y     |   |  |  |
|           | City<br>Mechanicsburg   | State<br>PA                              |      | Zip Code<br>17050-6882                           | Transaction ID : A2023-1884984 Amount of Each Receipt this Period    |                 |      |        |            |   |                    |           |                  |       |   |  |  |
|           | FEC ID number of contributing federal political committee.  | С  |      |  |  |                 |      | -      |            |   | J.                 |           | 115.             | 39    |   |  |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation   |  | •    | ion (for Individual)<br>esident                  | Memo Item  |                 |      |        |            |   |                    |           |                  |       |   |  |  |
|           | Receipt For:       A         Primary       General         Other (specify) ▼  | Primary General Aggregate Tear-to-Date V |      |  |  |                 |      |        |            |   |                    |           |                  |       |   |  |  |
| B.        | Full Name of Individual (Last, First, Middle Initial)<br>McNelis, Shaun, J, Mr.,                                      | or Full Or                               | rgar | nization Name                                    |  | Date            | of R | ec     | eipt       |   |                    |           |                  |       |   |  |  |
|           | Mailing Address 204 Northwood Cir   | 01.1                                     |      | 7: 0 1   |  | 09 01 2023      |      |        |            |   |                    |           |                  |       |   |  |  |
|           | City<br>Mechanicsburg   | State<br>PA                              |      | Zip Code<br>17050-6882                           | Transaction ID : A2023-1924759<br>Amount of Each Receipt this Period |                 |      |        |            |   |                    |           |                  |       |   |  |  |
|           | FEC ID number of contributing federal political committee.  | С  |      |  |  |                 |      | 115.39 |            |   |                    |           |                  |       |   |  |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation   |  | •    | ion (for Individual)<br>esident                  |  | Memo Item       |      |        |            |   |                    |           |                  |       |   |  |  |
|           | Receipt For:       A         Primary       General         Other (specify) ▼  | ggregate                                 | Yea  | r-to-Date ▼<br>2077.02                           |  |                 |      |        |            |   |                    |           |                  |       |   |  |  |
| C.        | Full Name of Individual (Last, First, Middle Initial)<br>McNelis, Shaun, J, Mr.,                                      | or Full Or                               | rgar | nization Name                                    |  | Date            | of R | ec     | eipt       |   |                    |           |                  |       |   |  |  |
|           | Mailing Address 204 Northwood Cir   |  |      |  |  | <sup>M</sup> 09 |      | /      | 15         | 5 | / Y                | 20        | )23 <sup>°</sup> | Y     |   |  |  |
|           | City<br>Mechanicsburg   | State<br>PA                              |      | Zip Code<br>17050-6882                           | /  |                 |      |        |            |   | 2023-2<br>eipt thi |           |                  |       |   |  |  |
|           | FEC ID number of contributing federal political committee.  | ş  |      |  |  |                 |      | ,      |            | _ | 9                  | _         | 115.             | 39    |   |  |  |
|           | Select Medical Corporation V  |  |      | ion (for Individual)<br>sident                   |  | Memo Item       |      |        |            |   |                    |           |                  |       |   |  |  |
|           | Primary General<br>Other (specify)  | ggregate                                 | yea  | r-to-Date ▼<br>2192.41                           |  |                 |      |        |            |   |                    |           |                  |       |   |  |  |
| s         | UBTOTAL of Receipts This Page (optional)  |  |      | ••••••   |  |                 |      | ,      |            |   | 9                  |           | 346.             | 17    | - |  |  |
| т         | OTAL This Period (last page this line number only   | ′)                                       |      | ••••••   |  |                 |      | -,     | -          | _ | - <b>y</b> -       | <u> </u>  |                  |       |   |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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|          | EMIZED RECEIPTS   |                  | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |
|----------|---|------------------|---|---|--|--|--|--|
|          | y information copied from such Reports and S<br>for commercial purposes, other than using the |                  |   | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.      |  |  |  |  |
|          | NAME OF COMMITTEE (In Full)   |                  |   |   |  |  |  |  |
|          | Select Medical Corporation PA   | С                |   |   |  |  |  |  |
| Α.       | Full Name of Individual (Last, First, Middle In<br>McNelis, Shaun, J, Mr.,                    | itial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |
|          | Mailing Address 204 Northwood Cir   |                  |   | 09 / 29 / 2023  |  |  |  |  |
|          | City  | State            | Zip Code  | Transaction ID : A2023-2130242  |  |  |  |  |
|          | Mechanicsburg   | PA               | 17050-6882  | Amount of Each Receipt this Period  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.                                    | С                |   | 115.39  |  |  |  |  |
|          | Name of Employer (for Individual)   | Оссі             | upation (for Individual)                          | Memo Item   |  |  |  |  |
|          | Select Medical Corporation  | Vice             | President   | _   |  |  |  |  |
|          | Receipt For:  | Aggregate        | Year-to-Date <b>V</b>                             |   |  |  |  |  |
|          | Primary General   |                  |   | 1   |  |  |  |  |
|          | Other (specify) <b>v</b>  |                  | 2307.80   |   |  |  |  |  |
| В.       | Full Name of Individual (Last, First, Middle In McNelis, Shaun, J, Mr.,                       | itial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |
|          | Mailing Address 204 Northwood Cir   | 10 13 2023       |   |   |  |  |  |  |
|          | City  | State            | Zip Code  | Transaction ID : A2023-2294504  |  |  |  |  |
|          | Mechanicsburg   | PA               | 17050-6882  | Amount of Each Receipt this Period  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.                                    | С                |   | 115.39  |  |  |  |  |
|          | Name of Employer (for Individual)   |                  | upation (for Individual)                          | Memo Item   |  |  |  |  |
|          | Select Medical Corporation  | Vice             | President   |   |  |  |  |  |
|          | Receipt For:  | Aggregate        | Year-to-Date 🔻                                    |   |  |  |  |  |
|          | Other (specify) ▼   |                  | 2423.19   | ]   |  |  |  |  |
| <u> </u> | Full Name of Individual (Last, First, Middle In<br>McNelis, Shaun, J, Mr.,                    | itial) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |
|          | Mailing Address 204 Northwood Cir   |                  |   | 10 27 2023  |  |  |  |  |
|          | City  | State            | Zip Code  | Transaction ID : A2023-2353850  |  |  |  |  |
|          | Mechanicsburg   | PA               | 17050-6882  | Amount of Each Receipt this Period  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.                                    | С                |   | 115.39  |  |  |  |  |
|          | Name of Employer (for Individual)<br>Select Medical Corporation                               |                  | upation (for Individual)<br>President             | Memo Item   |  |  |  |  |
|          | Receipt For:  | Aggregate        | Year-to-Date <b>V</b>                             |   |  |  |  |  |
|          | Primary General<br>Other (specify)  |                  | 2538.58   | ]   |  |  |  |  |
| s        | UBTOTAL of Receipts This Page (optional)  |                  |   | 346.17  |  |  |  |  |

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

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

FOR LINE NUMBER:

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|                                   | EMIZED RECEIPTS  |              |          | or each category of the<br>Detailed Summary Page |                                    | <b>&lt;</b> 1                      | 1a     |      | ] 11 | 1b    |      | 11c     |      | 12               |    |  |
|-----------------------------------|--|--------------|----------|--|------------------------------------|------------------------------------|--------|------|------|-------|------|---------|------|------------------|----|--|
|                                   |  |              |          |  |                                    |                                    | 3      |      | 14   |       |      | 15      |      | 16               | 17 |  |
|                                   | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n |              |          |  |                                    |                                    |        |      |      |       |      |         |      |                  |    |  |
| $\backslash$                      | NAME OF COMMITTEE (In Full)  |              |          |  |                                    |                                    |        |      |      |       |      |         |      |                  |    |  |
| $\Big/$                           | Select Medical Corporation PAC   |              |          |  |                                    |                                    |        |      |      |       |      |         |      |                  |    |  |
| A.                                | Full Name of Individual (Last, First, Middle Initia<br>McNelis, Shaun, J, Mr.,                     | l) or Full O | rgar     | nization Name                                    |                                    | Date of Receipt                    |        |      |      |       |      |         |      |                  |    |  |
|                                   | Mailing Address 204 Northwood Cir  |              |          |  |                                    |                                    |        |      |      |       |      |         |      |                  |    |  |
|                                   | City   | State        |          | Zip Code   | Transaction ID : A2023-2465170     |                                    |        |      |      |       |      |         |      |                  |    |  |
|                                   | Mechanicsburg  | PA           |          | 17050-6882                                       | Amount of Each Receipt this Period |                                    |        |      |      |       |      |         |      |                  |    |  |
|                                   | FEC ID number of contributing federal political committee.   | С            |          |  |                                    | Ĺ                                  |        |      | -    |       |      | -       |      | 115.3            | 9  |  |
|                                   | Name of Employer (for Individual)<br>Select Medical Corporation                                    |              | •        | ion (for Individual)<br>esident                  |                                    | C                                  | M      | emo  | o It | em    |      |         |      |                  |    |  |
|                                   |  | Aggregate    | Yea      | r-to-Date ▼                                      |                                    |                                    |        |      |      |       |      |         |      |                  |    |  |
|                                   | Primary General<br>Other (specify) ▼   | 2653.97      |          |  |                                    |                                    |        |      |      |       |      |         |      |                  |    |  |
| В.                                | Full Name of Individual (Last, First, Middle Initia<br>McNelis, Shaun, J, Mr.,                     | l) or Full O | rgar     | nization Name                                    |                                    | Da                                 | ite of | f Re | ece  | ipt   |      |         |      |                  |    |  |
| Mailing Address 204 Northwood Cir |  |              |          |  |                                    | 11 24 2023                         |        |      |      |       |      |         |      |                  |    |  |
|                                   | City State   |              |          | Zip Code   |                                    | Transaction ID : A2023-2587517     |        |      |      |       |      |         |      |                  |    |  |
|                                   | Mechanicsburg  | PA           |          | 17050-6882                                       |                                    | Amount of Each Receipt this Period |        |      |      |       |      |         |      |                  |    |  |
|                                   | FEC ID number of contributing federal political committee.   | C            |          |  |                                    | 115.39                             |        |      |      |       |      |         |      |                  |    |  |
|                                   | Name of Employer (for Individual)<br>Select Medical Corporation                                    |              | •        | ion (for Individual)<br>esident                  |                                    | Memo Item                          |        |      |      |       |      |         |      |                  |    |  |
|                                   |  | Aggregate    | Yea      | r-to-Date ▼                                      |                                    |                                    |        |      |      |       |      |         |      |                  |    |  |
|                                   | Primary General<br>Other (specify) ▼   |              | <b>,</b> | 2769.36  |                                    |                                    |        |      |      |       |      |         |      |                  |    |  |
| <u>с.</u>                         | Full Name of Individual (Last, First, Middle Initia<br>McNelis, Shaun, J, Mr.,                     | l) or Full O | rgar     | nization Name                                    |                                    | Da                                 | ite of | f Re | ece  | ipt   |      |         |      |                  |    |  |
|                                   | Mailing Address 204 Northwood Cir  | 1 -          |          |  |                                    | L                                  | 12     | Ŀ.   | L    | 08    |      | / Y     | 20   | )23 <sup>°</sup> | Ŷ  |  |
|                                   | City   | State<br>PA  |          | Zip Code   |                                    |                                    |        |      |      |       |      | 2023-2  |      |                  |    |  |
|                                   | Mechanicsburg  |              | _        | 17050-6882                                       | _                                  | Am                                 | nount  | t of | Ea   | ach R | lece | eipt th | is P | eriod            |    |  |
|                                   | FEC ID number of contributing federal political committee.   | С            |          |  |                                    | Ē                                  | _      |      | y    |       |      | 9       |      | 115.3            | 9  |  |
|                                   | Name of Employer (for Individual)<br>Select Medical Corporation                                    |              | •        | ion (for Individual)<br>sident                   |                                    | Memo Item                          |        |      |      |       |      |         |      |                  |    |  |
|                                   | Possint For:   |              |          |  | _                                  |                                    |        |      |      |       |      |         |      |                  |    |  |
|                                   | Primary General Aggregate Year-to-Date ▼   |              |          |  |                                    |                                    |        |      |      |       |      |         |      |                  |    |  |
|                                   | Other (specify)  |              | 7        | 2884.75  |                                    |                                    |        |      |      |       |      |         |      |                  |    |  |
| s                                 | UBTOTAL of Receipts This Page (optional)   |              |          | •  |                                    |                                    |        |      | ,    |       | l    | ,       |      | 346.1            | 7  |  |
| т                                 | OTAL This Period (last page this line number on  | ly)          |          | •  | _                                  | Ē                                  |        |      | -    |       |      | 7       |      |                  |    |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|                            | EMIZED RECEIPTS   |             | for each category of the<br>Detailed Summary Page         | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |  |
|----------------------------|---|-------------|---|---|--|--|--|--|--|--|--|--|--|
|                            | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na   |             |   | person for the purpose of soliciting contributions  |  |  |  |  |  |  |  |  |  |
| $\rangle$                  | NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PAC   |             |   |   |  |  |  |  |  |  |  |  |  |
| Α.                         | Full Name of Individual (Last, First, Middle Initial<br>McNelis, Shaun, J, Mr.,<br>Mailing Address 204 Northwood Cir                                | ) or Full O | Organization Name   | Date of Receipt   |  |  |  |  |  |  |  |  |  |
|                            | City<br>Mechanicsburg   | State<br>PA | Zip Code<br>17050-6882                                    | Transaction ID : A2023-2802117<br>Amount of Each Receipt this Period                                      |  |  |  |  |  |  |  |  |  |
|                            | FEC ID number of contributing federal political committee.  | С           |   | 115.25  |  |  |  |  |  |  |  |  |  |
|                            | Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary         General         Other (specify) ▼ | Vice        | e President<br>Year-to-Date ▼<br>3000.00                  | Memo Item   |  |  |  |  |  |  |  |  |  |
| B.                         | Full Name of Individual (Last, First, Middle Initial<br>Mena, Theodore, G, ,<br>Mailing Address 4425 Indian Deer Rd                                 | ) or Full O | Organization Name   | Date of Receipt   |  |  |  |  |  |  |  |  |  |
|                            | City<br>Windermere  | State<br>FL | Zip Code<br>34786-3182                                    | 07     07     2023       Transaction ID : A2023-1633270       Amount of Each Receipt this Period          |  |  |  |  |  |  |  |  |  |
|                            | FEC ID number of contributing federal political committee.  | С           |   | 115.39  |  |  |  |  |  |  |  |  |  |
|                            | Name of Employer (for Individual)<br>Select Medical Corporation   |             | cupation (for Individual)<br>ministrator                  | Memo Item   |  |  |  |  |  |  |  |  |  |
|                            | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼<br>1615.46                                 | ]   |  |  |  |  |  |  |  |  |  |
| C.                         | Full Name of Individual (Last, First, Middle Initial<br>Mena, Theodore, G, ,<br>Mailing Address 4425 Indian Deer Rd                                 | ) or Full O | Organization Name   | Date of Receipt   |  |  |  |  |  |  |  |  |  |
|                            | City  | State       | Zip Code  | 07 21 2023<br>Transaction ID : A2023-1635713  |  |  |  |  |  |  |  |  |  |
|                            | Windermere<br>FEC ID number of contributing   | FL          | 34786-3182  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
|                            | federal political committee.  | С           |   | 115.39  |  |  |  |  |  |  |  |  |  |
| Select Medical Corporation |   |             | upation (for Individual)<br>ninistrator<br>Year-to-Date ▼ | Memo Item   |  |  |  |  |  |  |  |  |  |
|                            | Primary General<br>Other (specify)  | Aggregate   | 1730.85   | ]   |  |  |  |  |  |  |  |  |  |
| S                          | UBTOTAL of Receipts This Page (optional)  |             |   | 346.03  |  |  |  |  |  |  |  |  |  |
| т                          | OTAL This Period (last page this line number on   | ly)         |   |   |  |  |  |  |  |  |  |  |  |

| SCHEDULE A   | (FEC Form | n 3X) |
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| ITEMIZED REC | EIPTS     |       |

Use separate schedule(s)

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|            |   |               | Use separate schedule(s)                          | (ch      | (check only one) |      |                |                       |             |                    |     |  |  |  |
|------------|---|---------------|---|----------|------------------|------|----------------|-----------------------|-------------|--------------------|-----|--|--|--|
| 11         | EMIZED RECEIPTS   |               | for each category of the<br>Detailed Summary Page |          | ✓ 11a<br>13      |      | 11b<br>14      | 11c                   |             | 12<br>16           | 17  |  |  |  |
|            | y information copied from such Reports and St.<br>for commercial purposes, other than using the                   |               |   |          | for the          |      | pose of        | soliciting            | g con       | tributi            | ons |  |  |  |
|            | NAME OF COMMITTEE (In Full)   |               |   |          |                  |      |                |                       |             |                    |     |  |  |  |
| $\rangle$  | Select Medical Corporation PAC  | ;             |   |          |                  |      |                |                       |             |                    |     |  |  |  |
| A.         | Full Name of Individual (Last, First, Middle Initi Mena, Theodore, G, ,   | al) or Full O | rganization Name                                  |          | Date o           | f Re | eceipt         |                       |             |                    |     |  |  |  |
|            | Mailing Address 4425 Indian Deer Rd   |               |   |          |                  |      |                |                       |             |                    |     |  |  |  |
|            | City<br>Windermere  | State<br>FL   | Zip Code<br>34786-3182                            |          |                  |      |                | A2023-1<br>leceipt th |             |                    | _   |  |  |  |
|            | FEC ID number of contributing federal political committee.  | С             |   |          | <u> </u>         |      |                |                       |             | 115.3              | 9   |  |  |  |
|            | Name of Employer (for Individual)<br>Select Medical Corporation   |               | ipation (for Individual)<br>inistrator            |          | М                | emo  | tem Item       |                       |             |                    |     |  |  |  |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>1846.24                         | ]        |                  |      |                |                       |             |                    |     |  |  |  |
| в.         | Full Name of Individual (Last, First, Middle Initi<br>Mena, Theodore, G, ,<br>Mailing Address 4425 Indian Deer Rd | al) or Full O | rganization Name                                  |          | Date of          | f Re | eceipt         | / Y                   | Y           | Ŷ                  | Y   |  |  |  |
|            | City  | State         | Zip Code  |          | 08<br>Trans      | acti | 18<br>ion ID : | A2023-1               | 202<br>8849 |                    |     |  |  |  |
|            | Windermere  | FL            | 34786-3182  |          | Amoun            | t of | Each R         | leceipt th            | nis Pe      | eriod              |     |  |  |  |
|            | FEC ID number of contributing federal political committee.  | С             |   |          |                  |      | -              | -                     |             | 115.3              | 9   |  |  |  |
|            | Name of Employer (for Individual)<br>Select Medical Corporation   |               | upation (for Individual)<br>ninistrator           |          | M                | emo  | o Item         |                       |             |                    |     |  |  |  |
|            | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>1961.63                         | ]        |                  |      |                |                       |             |                    |     |  |  |  |
| <u>_</u> . | Full Name of Individual (Last, First, Middle Initi<br>Mena, Theodore, G, ,  | al) or Full O | rganization Name                                  |          | Date o           | f Re | eceipt         |                       |             |                    |     |  |  |  |
|            | Mailing Address 4425 Indian Deer Rd   |               |   |          | <sup>M</sup> 09  | /    | 01             | ) / Y                 | 202         | 23                 | Y   |  |  |  |
|            | City<br>Windermere  | State<br>FL   | Zip Code<br>34786-3182                            |          |                  |      |                | A2023-1<br>leceipt th |             |                    |     |  |  |  |
|            | FEC ID number of contributing federal political committee.  | С             |   |          | <u> </u>         |      | y              | , <u>,</u>            |             | 115.3              | 9   |  |  |  |
|            | Name of Employer (for Individual)<br>Select Medical Corporation   |               | ipation (for Individual)<br>inistrator            |          | M                | emo  | o Item         |                       |             |                    |     |  |  |  |
|            | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Year-to-Date ▼<br>2077.02                         | ]        |                  |      |                |                       |             |                    |     |  |  |  |
| ⊢          | UBTOTAL of Receipts This Page (optional)  |               |   | <u> </u> |                  | _    | <b>,</b>       |                       |             | 346.1 <sup>-</sup> | 7   |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| ITEMIZED RECEIPTS   |                                     | or each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17     |
|---|-------------------------------------|--|---|
| or for commercial purposes, other than using  |                                     |  | erson for the purpose of soliciting contributions   |
| NAME OF COMMITTEE (In Full) Select Medical Corporation P  | AC                                  |  |   |
| Full Name of Individual (Last, First, Middle<br>A. Mena, Theodore, G, ,<br>Mailing Address 4425 Indian Deer Rd  | Initial) or Full Orgar              | nization Name                                    | Date of Receipt   |
| City<br>Windermere  | State<br>FL                         | Zip Code<br>34786-3182                           | Transaction ID : A2023-2036991           Amount of Each Receipt this Period                                   |
| FEC ID number of contributing federal political committee.  | С                                   |  | 115.39  |
| Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:   | Occupat<br>Adminis<br>Aggregate Yea |  | Memo Item   |
| Other (specify) ▼         Full Name of Individual (Last, First, Middle         Mena, Theodore, G, ,         Mailing Address 4425 Indian Deer Rd                                       | Date of Receipt                     |  |   |
| City<br>Windermere<br>FEC ID number of contributing   | State<br>FL                         | Zip Code<br>34786-3182                           | 09     29     2023       Transaction ID : A2023-2130256       Amount of Each Receipt this Period       115.39 |
| federal political committee.          Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) |                                     |  | Memo Item   |
| Full Name of Individual (Last, First, Middle<br>Mena, Theodore, G, ,<br>Mailing Address 4425 Indian Deer Rd   | Initial) or Full Organ              | nization Name                                    | Date of Receipt<br>10 / 13 / 2023<br>Transaction ID : A2023-2294518   |
| Windermere<br>FEC ID number of contributing<br>federal political committee.   | FL                                  | 34786-3182                                       | Amount of Each Receipt this Period  |
| Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:<br>Primary General<br>Other (specify)   | Aggregate Yea                       |  | Memo Item   |
| SUBTOTAL of Receipts This Page (optional)<br>TOTAL This Period (last page this line numb  |                                     |  | 346.17  |

| SCHEDULE A   | (FEC Form 3X) |
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|          |  |                        |              | or each category of the<br>Detailed Summary Page                                      |   | <b>X</b> 1 | 1a<br>3 |           | 11        | -                  |       | 11c<br>15                   | 12                     |                 | 17  |  |
|----------|--|------------------------|--------------|---|---|------------|---------|-----------|-----------|--------------------|-------|-----------------------------|------------------------|-----------------|-----|--|
| An<br>or | y information copied from such Reports and State<br>for commercial purposes, other than using the na                 | ements ma<br>ame and a | ay n<br>addr | ot be sold or used by any pe<br>ess of any political committee                        | erson<br>to so  | for        | the     | purp      | 005       | se of              | f sol | liciting                    | contr                  | ibuti           | ons |  |
|          | NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PAC  |                        |              |   |   |            |         |           |           |                    |       |                             |                        |                 |     |  |
| Α.       | Name of Employer (for Individual)<br>Select Medical Corporation  | State<br>FL<br>Occu    | cupat        | Tip Code<br>34786-3182<br>tion (for Individual)<br>strator<br>ar-to-Date ▼<br>2538.58 |   | <br>T      | nount   | /<br>acti | ion<br>Ea | 27<br>1 <b>D</b> : | A2    | / <b>023-23</b><br>9ipt thi | s Per                  | 3<br>3          |     |  |
| B.       | Full Name of Individual (Last, First, Middle Initial)<br>Mena, Theodore, G, ,<br>Mailing Address 4425 Indian Deer Rd | or Full O              | Drga         | nization Name   | Date of Receipt<br>11<br>10<br>2023<br>Transaction ID : A2023-2465123 |            |         |           |           |                    |       |                             |                        |                 |     |  |
|          | Windermere<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)     | FL<br>C<br>Occ         |              | Amount of Each Receipt this Period  |   |            |         |           |           |                    |       |                             |                        |                 |     |  |
|          | Select Medical Corporation         Receipt For:         Primary         General         Other (specify) ▼            |                        |              | strator<br>Ir-to-Date ▼<br>2653.97  |   |            |         |           |           |                    |       |                             |                        |                 |     |  |
| C.       | Full Name of Individual (Last, First, Middle Initial)<br>Mena, Theodore, G, ,<br>Mailing Address 4425 Indian Deer Rd | ) or Full O            | Drga         | nization Name   | _   |            | ite of  | Re<br>/   | _         | ipt<br>24          |       | / Y                         | Y<br>2023              |                 | Y   |  |
|          | City<br>Windermere<br>FEC ID number of contributing  | State<br>FL            | _            | Zip Code<br>34786-3182  | _   |            | rans    |           | -         | ID :               | : A2  | <b>023-2</b><br>eipt thi    | 5 <b>8753</b><br>s Per | <b>0</b><br>iod |     |  |
|          | Name of Employer (for Individual)<br>Select Medical Corporation  | Adm                    | ninis        | tion (for Individual)<br>trator<br>ur-to-Date ▼                                       | 115.39  |            |         |           |           |                    |       |                             |                        |                 |     |  |
| s        | UBTOTAL of Receipts This Page (optional)   |                        | 4            | 2769.36   | -   |            | _       | _         | 7         | -                  | -     | 5                           | 34                     | 46.17           | 7   |  |
| Т        | OTAL This Period (last page this line number only  | y)                     |              | ••••••  |   | L          |         |           | ,         |                    |       | -                           |                        | -               |     |  |

| SCHEDULE A   | (FEC Form 3X) |
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|                |  |              |                        | for each category of the<br>Detailed Summary Page |                                    | _  | 11a             |      | 11   | ·       | 11c     |    | 12       |    |  |  |  |
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|                | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n |              |                        |   |                                    | fo |                 |      |      | e of    |         |    |          |    |  |  |  |
| $\overline{)}$ | NAME OF COMMITTEE (In Full)  |              |                        |   |                                    |    |                 |      |      |         |         |    |          |    |  |  |  |
|                | Select Medical Corporation PAC   |              |                        |   |                                    |    |                 |      |      |         |         |    |          |    |  |  |  |
| Α.             | Full Name of Individual (Last, First, Middle Initial Mena, Theodore, G, ,                          | l) or Full O | )rga                   | nization Name                                     |                                    | D  | ate o           | f Re | ecei | pt      |         |    |          |    |  |  |  |
|                | Mailing Address 4425 Indian Deer Rd  |              |                        | 7.0.1   |                                    | L  | 12 <sup>M</sup> | /    | L    | 08      | JL      | 20 | )23<br>) | Y  |  |  |  |
|                | City<br>Windermere   | State<br>FL  |                        | Zip Code<br>34786-3182                            |                                    |    |                 |      | -    |         | A2023-2 | -  |          |    |  |  |  |
|                | FEC ID number of contributing federal political committee.   | С            | l                      |   | Amount of Each Receipt this Period |    |                 |      |      |         |         |    |          |    |  |  |  |
|                | Name of Employer (for Individual)<br>Select Medical Corporation                                    |              | •                      | tion (for Individual)<br>strator                  | Memo Item                          |    |                 |      |      |         |         |    |          |    |  |  |  |
|                | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate    | Yea                    | ar-to-Date ▼<br>2884.75                           |                                    |    |                 |      |      |         |         |    |          |    |  |  |  |
|                | Full Name of Individual (Last, First, Middle Initial Mena, Theodore, G, ,                          | l) or Full O | rga                    | nization Name                                     | Date of Receipt                    |    |                 |      |      |         |         |    |          |    |  |  |  |
|                | Mailing Address 4425 Indian Deer Rd  |              |                        |   | 12 / D D / Y Y Y Y Y<br>22 2023    |    |                 |      |      |         |         |    |          |    |  |  |  |
|                | City<br>Windermere   | State<br>FL  | Zip Code<br>34786-3182 |   |                                    |    |                 |      |      | A2023-2 |         |    |          |    |  |  |  |
|                | FEC ID number of contributing federal political committee.   | С            |                        | 115.25<br>Memo Item                               |                                    |    |                 |      |      |         |         |    |          |    |  |  |  |
|                | Name of Employer (for Individual)<br>Select Medical Corporation                                    | Occi<br>Adn  |                        |   |                                    |    |                 |      |      |         |         |    |          |    |  |  |  |
|                | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate    | Yea                    | ar-to-Date ▼<br>3000.00                           |                                    |    |                 |      |      |         |         |    |          |    |  |  |  |
| с.             | Full Name of Individual (Last, First, Middle Initial Mullin, Thomas, P, Mr.,                       | l) or Full O | rga                    | nization Name                                     |                                    | D  | ate o           | f Re | ecei | pt      |         |    |          |    |  |  |  |
|                | Mailing Address 215 St James Court   |              |                        |   |                                    | Ľ  | 07              | 1    |      | 07      | / Y     |    | )23      | Y  |  |  |  |
|                | City<br>Mechanicsburg  | State<br>PA  |                        | Zip Code<br>17050                                 |                                    |    |                 |      |      |         | A2023-  |    |          |    |  |  |  |
|                | FEC ID number of contributing federal political committee.   | С            | Ì                      |   |                                    |    | noun            |      | J    |         |         |    | 192.     | 31 |  |  |  |
|                | Name of Employer (for Individual)<br>Select Medical Corporation                                    |              | •                      | tion (for Individual)<br>perating Officer         | Memo Item                          |    |                 |      |      |         |         |    |          |    |  |  |  |
|                | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate    | Yea                    | ar-to-Date ▼<br>2692.34                           |                                    |    |                 |      |      |         |         |    |          |    |  |  |  |
| s              | UBTOTAL of Receipts This Page (optional)   |              |                        | •••••   |                                    | [  |                 |      | ,    |         |         |    | 422.     | 95 |  |  |  |
| т              | OTAL This Period (last page this line number on  | ly)          |                        |   | _                                  | ĺ  |                 |      | ,    |         |         |    |          |    |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| 116       |  |  | for each cate  |         |  | 11a<br>13       |      | 11b      | 11c                   | 12          |      |  |  |  |  |  |  |  |
|-----------|--|--|--|---------|--|-----------------|------|----------|-----------------------|-------------|------|--|--|--|--|--|--|--|
|           | y information copied from such Reports and State<br>for commercial purposes, other than using the na                   |  |  |         |  | for the         | purp | ose of   |                       |             |      |  |  |  |  |  |  |  |
| $\rangle$ | NAME OF COMMITTEE (In Full) Select Medical Corporation PAC   |  |  |         |  |                 |      |          |                       |             |      |  |  |  |  |  |  |  |
| Α.        | Full Name of Individual (Last, First, Middle Initial)<br>Mullin, Thomas, P, Mr.,<br>Mailing Address 215 St James Court | ) or Full Oi   | rganization Namo   | e       |  | Date of         | Red  | ceipt    | / Y                   | y y<br>2023 | Y    |  |  |  |  |  |  |  |
|           | City<br>Mechanicsburg  | State<br>PA  | Zip Code<br>17050  |         |  |                 |      | on ID :  | A2023-1<br>eceipt th  | 635704      | d    |  |  |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.   | С  |  |         | 192.31   |                 |      |          |                       |             |      |  |  |  |  |  |  |  |
|           |  | Chie   | upation (for Indiv<br>of Operating Offic<br>Year-to-Date ▼ | ,       |  | Me              | emo  | ltem     |                       |             |      |  |  |  |  |  |  |  |
|           | Primary General<br>Other (specify) ▼   |  | т т.   | 2884.65 |  |                 |      |          |                       |             |      |  |  |  |  |  |  |  |
|           | Full Name of Individual (Last, First, Middle Initial)<br>Mullin, Thomas, P, Mr.,                                       | ) or Full Oi   | rganization Name   | 9       |  | Date of         | Red  | ceipt    |                       |             |      |  |  |  |  |  |  |  |
|           | Mailing Address 215 St James Court   |  | 7.0.1  |         | 08 / 04 / 2023<br>Transaction ID : A2023-1679312 |                 |      |          |                       |             |      |  |  |  |  |  |  |  |
|           | City<br>Mechanicsburg  | State<br>PA  | Zip Code<br>17050  |         |  |                 |      |          | A2023-10<br>eceipt th |             | d    |  |  |  |  |  |  |  |
|           | FEC ID number of contributing<br>federal political committee.  | С  |  |         |  |                 |      | y        | -                     | 192         | 2.31 |  |  |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation  | Occupation (for Individual)<br>Chief Operating Officer |  |         |  |                 | emo  | Item     |                       |             |      |  |  |  |  |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate  |  |         |  |                 |      |          |                       |             |      |  |  |  |  |  |  |  |
| C.        | Full Name of Individual (Last, First, Middle Initial)<br>Mullin, Thomas, P, Mr.,                                       | ) or Full O  | rganization Name   | 9       |  | Date of         | Red  | ceipt    |                       |             |      |  |  |  |  |  |  |  |
|           | Mailing Address 215 St James Court   | 1  |  |         |  | <sup>M</sup> 08 | /    | D D D 18 | JL                    | 2023 Y      | Y    |  |  |  |  |  |  |  |
|           | City<br>Mechanicsburg  | State<br>PA  | Zip Code<br>17050  |         |  |                 |      |          | A2023-1<br>eceipt th  |             | d    |  |  |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.   | С  |  |         |  |                 |      | y        | y                     | 192         | 2.31 |  |  |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:  | Chie   | pation (for Indiv<br>f Operating Office                    | ,       |  | M               | emo  | Item     |                       |             |      |  |  |  |  |  |  |  |
|           | Primary General<br>Other (specify)   | Year-to-Date ▼   | 3269.27  |         |  |                 |      |          |                       |             |      |  |  |  |  |  |  |  |
| SI        | JBTOTAL of Receipts This Page (optional)   |  |  | ••••••  |  |                 |      | , .      | ,                     | 576         | 5.93 |  |  |  |  |  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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|           | EMIZED RECEIPIS  |                      |                         | or each category of the<br>Detailed Summary Page               |  | 11a             |              |      | 11<br>14 | ·        | $\square$  | 11c<br>15                  |            | 12<br>16 | 17    | , |  |  |
|-----------|--|----------------------|-------------------------|--|--|-----------------|--------------|------|----------|----------|------------|----------------------------|------------|----------|-------|---|--|--|
| Ar<br>or  | y information copied from such Reports and State<br>for commercial purposes, other than using the nat                  | ments ma<br>me and a | ay n<br>ddre            | ot be sold or used by any pe<br>ess of any political committee | erson f<br>to so                                 | or th           | ie p<br>cont | ourp | bos      | e of     | so<br>fror | liciting                   | cor<br>cor | ntribu   | tions |   |  |  |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PAC  |                      |                         |  |  |                 |              |      |          |          |            |                            |            |          |       |   |  |  |
| Α.        | Full Name of Individual (Last, First, Middle Initial)<br>Mullin, Thomas, P, Mr.,<br>Mailing Address 215 St James Court | or Full O            | rgar                    | nization Name  |  | Date            | М            | Reo  | _        | pt<br>01 | 2          | / Y                        |            | )23      | Y     |   |  |  |
|           | City<br>Mechanicsburg  | State<br>PA          |                         | Zip Code<br>17050  |  |                 |              |      |          |          |            | 2023-19<br>eipt th         |            |          |       |   |  |  |
|           | FEC ID number of contributing federal political committee.   | С                    |                         |  | 192.31   |                 |              |      |          |          |            |                            |            |          |       |   |  |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:  | Chie                 | ef O                    | ion (for Individual)<br>perating Officer                       |  |                 | Me           | mo   | lte      | əm       |            |                            |            |          |       |   |  |  |
|           | Primary General<br>Other (specify) ▼   | ggregate             | Yea                     | rr-to-Date ▼<br>3461.58  |  |                 |              |      |          |          |            |                            |            |          |       |   |  |  |
| B.        | Full Name of Individual (Last, First, Middle Initial)<br>Mullin, Thomas, P, Mr.,                                       | or Full O            | rgar                    | nization Name  |  | Date            | of           | Re   | cei      | pt       |            |                            |            |          |       |   |  |  |
|           | Mailing Address 215 St James Court   |                      |                         | I  | 09 / 15 / 2023<br>Transaction ID : A2023-2036981 |                 |              |      |          |          |            |                            |            |          |       |   |  |  |
|           | City<br>Mechanicsburg  | State<br>PA          |                         | Zip Code<br>17050  |  |                 |              |      |          |          |            | 2 <b>023-20</b><br>eipt th |            |          |       |   |  |  |
|           | FEC ID number of contributing federal political committee.   | С                    |                         | 192.31   |  |                 |              |      |          |          |            |                            |            |          |       |   |  |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation  | Occi<br>Chie         |                         | Memo Item  |  |                 |              |      |          |          |            |                            |            |          |       |   |  |  |
|           | Receipt For:       A         Primary       General         Other (specify) ▼   | ggregate             | Yea                     | ar-to-Date ▼<br>3653.89  |  |                 |              |      |          |          |            |                            |            |          |       |   |  |  |
| C.        | Full Name of Individual (Last, First, Middle Initial)<br>Mullin, Thomas, P, Mr.,                                       | or Full O            | rgar                    | nization Name  |  | Date            | of           | Ree  | cei      | pt       |            |                            |            |          |       |   |  |  |
|           | Mailing Address 215 St James Court   |                      |                         |  |  | <sup>™</sup> 09 |              | /    | Ľ        | 29       |            | / Y                        |            | )23      | Y     |   |  |  |
|           | City<br>Mechanicsburg  | State<br>PA          |                         | Zip Code<br>17050  |  |                 |              |      |          |          |            | 2023-2<br>eipt th          |            |          |       |   |  |  |
|           | FEC ID number of contributing federal political committee.   | С                    |                         |  |  |                 |              |      | <b>y</b> |          | _          | 9                          |            | 192.     | 31    |   |  |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:  | Chie                 | f Op                    | ion (for Individual)<br>perating Officer                       |  | Ц               | Me           | mo   | ) Ite    | əm       |            |                            |            |          |       |   |  |  |
|           | Primary General<br>Other (specify)   | yea                  | rr-to-Date ▼<br>3846.20 |  |  |                 |              |      |          |          |            |                            |            |          |       |   |  |  |
| S         | UBTOTAL of Receipts This Page (optional)   |                      |                         | ••••••   |  |                 |              |      | ,        |          | -          |                            |            | 576.     | 93    |   |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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|                              | EMIZED RECEIPTS  |             |        | for each category of the<br>Detailed Summary Page |            | _  | 11a<br>12       |      | 11               | ·        | 11c     | F      | 12   | <u> </u> |  |  |  |
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|                              | y information copied from such Reports and State<br>for commercial purposes, other than using the na |             |        |   |            | fo |                 |      |                  | se of    |         |        |      |          |  |  |  |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PAC  |             |        |   |            |    |                 |      |                  |          |         |        |      |          |  |  |  |
| Α.                           | Full Name of Individual (Last, First, Middle Initial<br>Mullin, Thomas, P, Mr.,                      | ) or Full O | Drga   | nization Name                                     |            | _  | ate o           | f Re |                  | ·        |         |        |      |          |  |  |  |
|                              | Mailing Address 215 St James Court   | State       |        | Zip Code  |            | L  | 10<br>Trans     | /    | L                | 13<br>13 |         | 2      | 2023 | Y        |  |  |  |
|                              | Mechanicsburg  | PA          |        | 17050   |            |    |                 |      |                  |          | Receipt |        |      |          |  |  |  |
|                              | FEC ID number of contributing federal political committee.   | С           | Ì      |   | 192.31     |    |                 |      |                  |          |         |        |      |          |  |  |  |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation                                      |             | •      | tion (for Individual)<br>operating Officer        | Memo Item  |    |                 |      |                  |          |         |        |      |          |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate   | Yea    | ar-to-Date ▼<br>4038.51                           |            |    |                 |      |                  |          |         |        |      |          |  |  |  |
| в.                           | Full Name of Individual (Last, First, Middle Initial<br>Mullin, Thomas, P, Mr.,                      | ) or Full O | Drga   | nization Name                                     |            | D  | ate o           | f Re | ecei             | pt       |         |        |      |          |  |  |  |
|                              | Mailing Address 215 St James Court   |             |        |   | 10 27 2023 |    |                 |      |                  |          |         |        |      |          |  |  |  |
|                              | City<br>Mechanicsburg  | State<br>PA |        |   |            |    |                 |      | A2023<br>Receipt |          |         |        |      |          |  |  |  |
|                              | FEC ID number of contributing federal political committee.   | С           | 192.31 |   |            |    |                 |      |                  |          |         |        |      |          |  |  |  |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation                                      | Occ<br>Chie |        | Memo Item   |            |    |                 |      |                  |          |         |        |      |          |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate   |        |   |            |    |                 |      |                  |          |         |        |      |          |  |  |  |
| с.                           | Full Name of Individual (Last, First, Middle Initial<br>Mullin, Thomas, P, Mr.,                      | ) or Full O | Drga   | nization Name                                     |            | D  | ate o           | f Re | ecei             | pt       |         |        |      |          |  |  |  |
|                              | Mailing Address 215 St James Court   |             |        |   |            | L  | <sup>M</sup> 11 | 1    | L                | 10       | ЛI      | 2      | 023  | Y        |  |  |  |
|                              | City<br>Mechanicsburg  | State<br>PA |        | Zip Code<br>17050                                 | -          |    |                 |      | -                |          | A2023   |        |      |          |  |  |  |
|                              | FEC ID number of contributing federal political committee.   | С           | ï      |   |            |    | noun            |      | Ea               |          | Receipt | this i | 192. | _        |  |  |  |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation                                      |             | •      | tion (for Individual)<br>perating Officer         | Memo Item  |    |                 |      |                  |          |         |        |      |          |  |  |  |
|                              | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate   | Yea    | ar-to-Date ▼<br>4423.13                           |            |    |                 |      |                  |          |         |        |      |          |  |  |  |
| s                            | UBTOTAL of Receipts This Page (optional)   |             |        | •••••   | . I        | [  |                 |      | 1                |          |         |        | 576. | 93       |  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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|           | EMIZED RECEIPIS  |                         |                         | or each category of the<br>Detailed Summary Page               |  | 11a             |             |     | 11b<br>14 |               | _    | 11c<br>15                 |      | 12<br>16        | 17    | , |  |  |
|-----------|--|-------------------------|-------------------------|--|--|-----------------|-------------|-----|-----------|---------------|------|---------------------------|------|-----------------|-------|---|--|--|
| Ar<br>or  | y information copied from such Reports and State<br>for commercial purposes, other than using the nat                  | ments ma<br>me and a    | ay n<br>.ddre           | ot be sold or used by any pe<br>ess of any political committee | erson f  | or th           | e p<br>cont | urp | oose      | e of<br>ns fi | soli | liciting                  |      | ntribu          | tions |   |  |  |
| $\rangle$ | NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PAC  |                         |                         |  |  |                 |             |     |           |               |      |                           |      |                 |       |   |  |  |
| Α.        | Full Name of Individual (Last, First, Middle Initial)<br>Mullin, Thomas, P, Mr.,<br>Mailing Address 215 St James Court | or Full O               | rgar                    | nization Name  | [  | Date            | М           | Rec |           | ot<br>24      | , רי | / Y                       |      | )23             | Y     |   |  |  |
|           | City<br>Mechanicsburg  | State<br>PA             |                         | Zip Code<br>17050  |  | Tra             | nsa         |     |           | ID :          |      | <b>023-25</b><br>eipt thi | 5875 | 520             |       |   |  |  |
|           | FEC ID number of contributing federal political committee.   | С                       |                         |  | 192.31   |                 |             |     |           |               |      |                           |      |                 |       |   |  |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation  | Chie                    | ef O                    | tion (for Individual)<br>perating Officer                      |  |                 | Mer         | no  | Ite       | m             |      |                           |      |                 |       |   |  |  |
|           | Receipt For:       A         Primary       General         Other (specify) ▼   | ur-to-Date ▼<br>4615.44 |                         |  |  |                 |             |     |           |               |      |                           |      |                 |       |   |  |  |
| B.        | Full Name of Individual (Last, First, Middle Initial)<br>Mullin, Thomas, P, Mr.,                                       | or Full O               | rgai                    | nization Name  |  | Date            | of I        | Red | ceip      | ot            |      |                           |      |                 |       |   |  |  |
|           | Mailing Address 215 St James Court   |                         |                         | 1  | 12 / D D / Y Y Y Y<br>12 08 2023<br>Transaction ID : A2023-2726355 |                 |             |     |           |               |      |                           |      |                 |       |   |  |  |
|           | City<br>Mechanicsburg  | State<br>PA             |                         | Zip Code<br>17050  |  |                 |             |     |           |               |      | <b>023-27</b><br>eipt thi |      |                 |       |   |  |  |
|           | FEC ID number of contributing federal political committee.   | С                       |                         | 192.31   |  |                 |             |     |           |               |      |                           |      |                 |       |   |  |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation  | Occi<br>Chie            | Memo Item               |  |  |                 |             |     |           |               |      |                           |      |                 |       |   |  |  |
|           | Receipt For:       A         Primary       General         Other (specify) ▼   | ggregate                | Yea                     | ar-to-Date ▼<br>4807.75  |  |                 |             |     |           |               |      |                           |      |                 |       |   |  |  |
| с.        | Full Name of Individual (Last, First, Middle Initial)<br>Mullin, Thomas, P, Mr.,                                       | or Full O               | rgai                    | nization Name  |  | Date            | of I        | Red | ceip      | ot            |      |                           |      |                 |       |   |  |  |
|           | Mailing Address 215 St James Court   |                         |                         |  |  | <sup>™</sup> 12 | 2           | /   | L         | 22            |      | / Y                       | 20   | 23 <sup>°</sup> | Y     |   |  |  |
|           | City<br>Mechanicsburg  | State<br>PA             |                         | Zip Code<br>17050  |  |                 |             |     |           |               |      | 023-28<br>eipt thi        |      |                 |       |   |  |  |
|           | FEC ID number of contributing federal political committee.   | С                       |                         |  |  |                 |             |     | y         |               | _    | y                         |      | 192.            | 25    |   |  |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:  | Chie                    | f Op                    | tion (for Individual)<br>perating Officer                      |  |                 | Mer         | no  | Ite       | m             |      |                           |      |                 |       |   |  |  |
|           | Primary General<br>Other (specify)   | yea                     | ur-to-Date ▼<br>5000.00 |  |  |                 |             |     |           |               |      |                           |      |                 |       |   |  |  |
| s         | UBTOTAL of Receipts This Page (optional)   |                         |                         | ••••••   |  |                 |             |     | ,         |               | _    | 5                         |      | 576.            | 37    |   |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED RECEIPTS  |                                 | for each category of the<br>Detailed Summary Page  | X 11a          |                    | 11b            | 11c     | 12  | 47   |
|--|---------------------------------|--|----------------|--------------------|----------------|---------|---|------|
| Any information copied from such Reports and<br>or for commercial purposes, other than using   |                                 |  | for the        |                    |                |         |   |      |
| NAME OF COMMITTEE (In Full) Select Medical Corporation P   | AC                              |  |                |                    |                |         |   |      |
| Full Name of Individual (Last, First, Middle         Mumma, Michael, J, Mr.,         Mailing Address 5782 Stillwell Court         City         Harrisburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ | State<br>PA<br>C<br>Vice        | Zip Code<br>17112<br>upation (for Individual)<br>e President<br>Year-to-Date ▼<br>538.58 | Amoun          | sacti              | 07<br>ion ID : | A2023-  | 2023<br>1633252<br>his Perio<br>38        |      |
| Full Name of Individual (Last, First, Middle         Mumma, Michael, J, Mr.,         Mailing Address 5782 Stillwell Court         City         Harrisburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ | State<br>PA<br>C                | Zip Code<br>17112<br>upation (for Individual)<br>e President<br>Year-to-Date ▼<br>577,05 | Amoun          | /<br>sacti<br>t of | 21             | A2023-1 | 2023<br>1635695<br>his Perio<br>38        |      |
| Full Name of Individual (Last, First, Middle Mumma, Michael, J, Mr.,         Mailing Address 5782 Stillwell Court         City         Harrisburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify)           | State<br>PA<br>C<br>Occ<br>Vice | Zip Code<br>17112<br>upation (for Individual)<br>President<br>Year-to-Date ▼<br>615.52   | Amoun          | sact               | 04<br>ion ID : | A2023-  | 2023<br><b>1679303</b><br>his Perio<br>38 |      |
| SUBTOTAL of Receipts This Page (optional)<br>TOTAL This Period (last page this line numb   |                                 |  | <br>[ .<br>[ . | -                  | , .<br>, .     | ,       | 115                                       | 5.41 |

| SCHEDULE A   | (FEC Form 3X) |
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|                              | EMIZED RECEIPIS   |  |      | for each category of the<br>Detailed Summary Page          |   | _  | 11a          |      | 11    | ·         | 11c                   |       | 12            |    |   |
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|                              | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na   |  |      |  |   | fo |              |      |       | se of     |                       |       |               |    | _ |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PAC   |  |      |  |   |    |              |      |       |           |                       |       |               |    | - |
| A.                           | Full Name of Individual (Last, First, Middle Initial<br>Mumma, Michael, J, Mr.,<br>Mailing Address 5782 Stillwell Court                           | ) or Full O  | rga  | nization Name  |   |    | ate of       | f Re |       | D D       | ) / Y                 |       | Ŷ             | Y  |   |
|                              | City<br>Harrisburg  | State<br>PA  |      | Zip Code<br>17112  |   |    |              |      |       |           | A2023-1               | 1884  |               |    |   |
|                              | FEC ID number of contributing federal political committee.  | С  |      |  |   | Ar | noun         | t of | Ea    | cn H      | Receipt t             | nis P | 'eriod<br>38. | 47 |   |
|                              | Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ | Vice   | e Pr | tion (for Individual)<br>esident<br>ar-to-Date ▼<br>653.99 |   |    | М            | emc  | o Ite | эm        |                       |       |               |    |   |
| B.                           | Full Name of Individual (Last, First, Middle Initial<br>Mumma, Michael, J, Mr.,<br>Mailing Address 5782 Stillwell Court                           | ) or Full O  | )rga | nization Name  |   |    | ate of<br>09 | f Re | _     | ipt<br>01 | ) / Y                 |       | )23           | Ŷ  |   |
|                              | City<br>Harrisburg  | State<br>PA  |      | Zip Code<br>17112  |   |    |              |      |       |           | A2023-1<br>Receipt th |       |               |    |   |
|                              | FEC ID number of contributing federal political committee.  | С  |      |  |   |    |              |      | -     |           |                       |       | 38.           | 47 |   |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation   |  | •    | tion (for Individual)<br>resident                          |   | l  | М            | emc  | o Ite | эm        |                       |       |               |    |   |
|                              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate  | Yea  | ar-to-Date ▼<br>692.46                                     |   |    |              |      |       |           |                       |       |               |    |   |
| C.                           | Full Name of Individual (Last, First, Middle Initial Mumma, Michael, J, Mr.,  | ) or Full O  | rga  | nization Name  |   |    | ate of       | f Re |       | ·         |                       |       |               |    |   |
|                              | Mailing Address 5782 Stillwell Court  |  |      |  |   | L  | 09           |      | L     | 15        | _ L                   | 20    | )23           | Y  |   |
|                              | City<br>Harrisburg  | State<br>PA  |      | Zip Code<br>17112  |   |    |              |      |       |           | A2023-2<br>Receipt th |       |               |    |   |
|                              | FEC ID number of contributing federal political committee.  | s and the second s |      |  |   |    |              |      |       |           | . ,                   | _     | 38.           | 47 |   |
|                              | Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:   | Vice   | Pre  | tion (for Individual)<br>esident                           |   | ľ  | М            | emo  | o Ite | эm        |                       |       |               |    |   |
|                              | Primary General<br>Other (specify)  | Aggregate  | Yea  | ar-to-Date ▼<br>730.93                                     |   |    |              |      |       |           |                       |       |               |    |   |
| s                            | UBTOTAL of Receipts This Page (optional)  |  |      |  |   | [  |              |      | ,     |           |                       |       | 115.          | 41 |   |
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| SCHEDULE A   | (FEC Form 3X) |
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|                | EMIZED RECEIPTS   |              |           | or each category of the<br>Detailed Summary Page |   | -  | 11a             |      | ] 11k | э [  | 11c       |       | 12    |    |
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|                | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na                     |              |           |  |   | fo |                 |      |       |      |           |       |       |    |
| $\left\rangle$ | NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PAC   |              |           |  |   |    |                 |      |       |      |           |       |       |    |
| A.             | Full Name of Individual (Last, First, Middle Initial<br>Mumma, Michael, J, Mr.,<br>Mailing Address 5782 Stillwell Court | ) or Full O  | Orgar     | nization Name                                    |   |    | ate of          | f Re |       | pt   |           | V     | Ý     | Y  |
|                | City  | State        |           | Zip Code   | _ | L  | 09              | acti | L     | 29   | A2023-2   | 20    | 023   |    |
|                | Harrisburg  | PA           |           | 17112  |   | Ar | noun            | t of | Ead   | ch R | eceipt th | nis P | eriod |    |
|                | FEC ID number of contributing federal political committee.  | С            |           |  |   |    |                 |      | -     | _    |           | _     | 38.   | 47 |
|                | Name of Employer (for Individual)<br>Select Medical Corporation   |              | •         | ion (for Individual)<br>esident                  |   | 2  | М               | emc  | b Ite | m    |           |       |       |    |
|                | Receipt For:<br>Primary General<br>Other (specify) ▼  |              |           |  |   |    |                 |      |       |      |           |       |       |    |
| в.             | Full Name of Individual (Last, First, Middle Initial Mumma, Michael, J, Mr.,  | ) or Full O  | Orgar     | nization Name                                    |   | Da | ate of          | f Re | eceip | pt   |           |       |       |    |
|                | Mailing Address 5782 Stillwell Court  |              |           | 1  |   | 7  | 10              | 1    | D     | 13   | / Y       |       | 23    | Y  |
|                | City<br>Harrisburg  | State<br>PA  |           | Zip Code<br>17112                                |   |    |                 |      |       |      | A2023-2   |       |       |    |
|                | FEC ID number of contributing federal political committee.  | С            |           |  |   |    |                 |      | -     | _    |           | _     | 38.   | 47 |
|                | Name of Employer (for Individual)<br>Select Medical Corporation   |              | •         | ion (for Individual)<br>esident                  |   |    | М               | emc  | b Ite | m    |           |       |       |    |
|                | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate    | Yea       | r-to-Date ▼<br>807.87                            |   |    |                 |      |       |      |           |       |       |    |
| с.             | Full Name of Individual (Last, First, Middle Initial Mumma, Michael, J, Mr.,  | ) or Full O  | Orgar     | nization Name                                    |   | Da | ate of          | f Re | eceip | pt   |           |       |       |    |
|                | Mailing Address 5782 Stillwell Court  |              |           |  |   | [  | 10 <sup>M</sup> | 1    | D     | 27   | / Y       |       | )23   | Y  |
|                | City<br>Harrisburg  | State<br>PA  |           | Zip Code<br>17112                                |   |    |                 |      |       |      | A2023-2   |       |       |    |
|                | FEC ID number of contributing federal political committee.  | С            |           |  |   |    | noun            |      | J     |      | eceipt th |       | 38.   | 47 |
|                | Name of Employer (for Individual)<br>Select Medical Corporation   | Occi<br>Vice | Memo Item |  |   |    |                 |      |       |      |           |       |       |    |
|                | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate    | Yea       | r-to-Date ▼<br>846.34                            |   |    |                 |      |       |      |           |       |       |    |
| s              | UBTOTAL of Receipts This Page (optional)  |              |           | ••••••   |   | [  |                 |      |       |      |           |       | 115.  | 41 |
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|   | 1713  |                           | for each category of the<br>Detailed Summary Page                 |                   | 11a<br>13 |          | 1b 4      | 11c        | 12          | 17     |
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| Any information copied fr<br>or for commercial purpos | om such Reports and Sta<br>es, other than using the | atements ma<br>name and a | ay not be sold or used by any<br>ddress of any political committe | person fee to sol | or the p  | purpo    | se of s   | soliciting | contribu    | itions |
|   |   |                           |   |                   |           |          |           |            |             |        |
| Select Medical  | Corporation PAC                                     | ;                         |   |                   |           |          |           |            |             |        |
| Full Name of Individua<br>A. Mumma, Michael, J        | al (Last, First, Middle Initia<br>J, Mr.,           | al) or Full O             | rganization Name  |                   | Date of   | Rece     | eipt      |            |             |        |
| Mailing Address 5782                                  | Stillwell Court                                     |                           |   |                   | м м<br>11 | 1        | D D<br>10 | / Y        | y y<br>2023 | Ŷ      |
| City  |   | State                     | Zip Code  |                   | Transa    | actio    | n ID : /  | 2023-24    | 465165      |        |
| Harrisburg  |   | PA                        | 17112   | A                 | Amount    | of Ea    | ach Re    | ceipt th   | is Perioc   | l      |
| FEC ID number of cor<br>federal political commi       | U U   | С                         |   |                   |           |          |           | <b>j</b> - | 38          | 47     |
| Name of Employer (fo                                  | ,   |                           | upation (for Individual)<br>President                             |                   | Me        | emo l    | tem       |            |             |        |
| Select Medical Corpora<br>Receipt For:                |   |                           |   |                   |           |          |           |            |             |        |
| Primary   | General   | Aggregate                 | Year-to-Date ▼  | - 1               |           |          |           |            |             |        |
| Other (specify)                                       |   |                           | 884.81  |                   |           |          |           |            |             |        |
|   | al (Last, First, Middle Initia                      | al) or Full O             | rganization Name  |                   |           | _        |           |            |             |        |
| B. Mumma, Michael,                                    |   |                           |   |                   | Date of   | Rece     | ·         |            |             |        |
| Mailing Address 5782                                  | Stillwell Court                                     |                           |   |                   | м м<br>11 | /        | 24        | / Y        | 2023        | Y      |
| City  |   | State                     | Zip Code  |                   | Transa    | action   | n ID : A  | 2023-25    | 587512      |        |
| Harrisburg  |   | PA                        | 17112   | A                 | Amount    | of Ea    | ach Re    | ceipt thi  | is Perioc   | I      |
| FEC ID number of cor<br>federal political commi       | U U   | С                         |   |                   |           | <b>,</b> |           | - 7        | 38          | 47     |
| Name of Employer (fo                                  | ,   |                           | upation (for Individual)  |                   | Me        | emo l    | tem       |            |             |        |
| Select Medical Corpora<br>Receipt For:                |   |                           |   |                   |           |          |           |            |             |        |
| Primary   | General   | Aggregate                 | Year-to-Date ▼  | - 1               |           |          |           |            |             |        |
| Other (specify)                                       |   | L                         | 923,28  |                   |           |          |           |            |             |        |
| Full Name of Individua<br>C. Mumma, Michael           | al (Last, First, Middle Initial, J, Mr.,            | al) or Full O             | rganization Name  |                   | Date of   | Rece     | eipt      |            |             |        |
| Mailing Address 5782                                  | Stillwell Court                                     |                           |   |                   | м м<br>12 | /        | D D<br>08 | / Y        | 2023        | Ŷ      |
| City  |   | State                     | Zip Code  |                   | Trans     | actio    | n ID : /  | 2023-2     | 726347      |        |
| Harrisburg  |   | PA                        | 17112   | A                 | Amount    | of Ea    | ach Re    | ceipt th   | is Perioc   | l      |
| FEC ID number of cor<br>federal political commi       | 0   | С                         |   |                   |           | ,        |           | , <u>,</u> |             | 47     |
| Name of Employer (fo<br>Select Medical Corpora        | ,   |                           | upation (for Individual)<br>President                             |                   | Me        | emo l    | tem       |            |             |        |
| Receipt For:  |   | I                         | Year-to-Date ▼  |                   |           |          |           |            |             |        |
| Other (specify)                                       | General   |                           | 961.75  |                   |           |          |           |            |             |        |
| SUBTOTAL of Receipts                                  | This Page (optional)                                |                           |   |                   |           |          |           | 9          | 115.        | 41     |
|   |   |                           |   |                   |           |          |           | -          | _           |        |

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|                |   |  |                              | for each category of the<br>Detailed Summary Page |   | _  | 11a             |      | 11        | · -   | 11c    |    | 12       |    |  |  |
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|                | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na |  |                              |   |   | fo |                 |      |           | se of |        |    |          |    |  |  |
| $\overline{)}$ | NAME OF COMMITTEE (In Full)   |  |                              |   |   |    |                 |      |           |       |        |    |          |    |  |  |
|                | Select Medical Corporation PAC  |  |                              |   |   |    |                 |      |           |       |        |    |          |    |  |  |
| Α.             | Full Name of Individual (Last, First, Middle Initial Mumma, Michael, J, Mr.,                        | ) or Full O                              | rga                          | nization Name                                     |   | D  | ate o           | f Re | ecei      | pt    |        |    |          |    |  |  |
|                | Mailing Address 5782 Stillwell Court  |  |                              |   |   | L  | 12 <sup>M</sup> | /    | L         | 22    | _ L    | 20 | )23<br>) | Y  |  |  |
|                | City<br>Harrisburg  | State<br>PA                              |                              | Zip Code<br>17112                                 | Transaction ID : A2023-2802112 Amount of Each Receipt this Period |    |                 |      |           |       |        |    |          |    |  |  |
|                | FEC ID number of contributing federal political committee.  | Amount of Each Receipt this Period 38.47 |                              |   |   |    |                 |      |           |       |        |    |          |    |  |  |
|                | Name of Employer (for Individual)<br>Select Medical Corporation                                     |  | •                            | tion (for Individual)<br>esident                  |   | ľ  | М               | emo  | o Ite     | €     |        |    |          |    |  |  |
|                | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                                | Yea                          | ar-to-Date ▼<br>1000.22                           |   |    |                 |      |           |       |        |    |          |    |  |  |
|                | Full Name of Individual (Last, First, Middle Initial O'Donnell, Michael, , ,                        | ) or Full O                              | rga                          | nization Name                                     |   | D  | ate o           | f Re | ecei      | pt    |        |    |          |    |  |  |
|                | Mailing Address 4714 Gettysburg Rd  |  | 09 / D D / Y Y Y Y Y<br>2023 |   |   |    |                 |      |           |       |        |    |          |    |  |  |
|                | City<br>Mechanicsburg   | State<br>PA                              |                              | Zip Code<br>17055                                 | Transaction ID : A2023-2130276 Amount of Each Receipt this Period |    |                 |      |           |       |        |    |          |    |  |  |
|                | FEC ID number of contributing federal political committee.  | С  |                              |   |   |    |                 |      | -         |       |        |    | 115.     | 39 |  |  |
|                | Name of Employer (for Individual)<br>Select Medical Corporation                                     | Occi<br>Exe                              | •                            | tion (for Individual)<br>ive                      |   |    | М               | emo  | o Ite     | €     |        |    |          |    |  |  |
|                | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                                | Yea                          | ar-to-Date ▼<br>230.78                            |   |    |                 |      |           |       |        |    |          |    |  |  |
| с.             | Full Name of Individual (Last, First, Middle Initial O'Donnell, Michael, , ,                        | ) or Full O                              | rga                          | nization Name                                     |   | D  | ate o           | f Re | ecei      | pt    |        |    |          |    |  |  |
|                | Mailing Address 4714 Gettysburg Rd  | 1  |                              | 1   |   | Ľ  | 10              | /    | ľ         | 13    |        |    | )23      | Y  |  |  |
|                | City<br>Mechanicsburg   | State<br>PA                              |                              | Zip Code<br>17055                                 | -   |    |                 |      |           |       | A2023- |    |          |    |  |  |
|                | FEC ID number of contributing federal political committee.  |  |                              |   | noun  |    | La              |      | leceipt t |       | 115.   | 39 |          |    |  |  |
|                | Name of Employer (for Individual)<br>Select Medical Corporation                                     | Medical Corporation Executive            |                              |   |   |    |                 |      | o Ite     | эm    |        |    |          |    |  |  |
|                | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                                | Yea                          | ar-to-Date ▼<br>346.17                            |   |    |                 |      |           |       |        |    |          |    |  |  |
| s              | UBTOTAL of Receipts This Page (optional)  |  |                              | ••••••  |   | [  |                 |      |           |       |        |    | 269.     | 25 |  |  |
| т              | OTAL This Period (last page this line number on   | ly)                                      |                              | ·····   | _   | ĺ  |                 |      | ,         | Ţ     |        |    |          |    |  |  |

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

| SCHEDULE A   | (FEC  | Form | 3X) |
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| ITEMIZED REC | EIPTS |      |     |

|              | EMIZED RECEIPTS  |  |                     | for each category of the<br>Detailed Summary Page |  | _  | 11a<br>13       |      | 11<br>  14 | H         | 11c        | 12        | г      | 17  |  |
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|              | y information copied from such Reports and St<br>for commercial purposes, other than using the |  |                     |   |  | fo | r the           |      | pos        | se of     | solicitin  | g contr   | ibutic | ons |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)  |  |                     |   |  |    |                 |      |            |           |            |           |        |     |  |
| $\Big)$      | Select Medical Corporation PAC   | )                                      |                     |   |  |    |                 |      |            |           |            |           |        |     |  |
| Α.           | Full Name of Individual (Last, First, Middle Init<br>O'Donnell, Michael, , ,                   | ial) or Full O                         | rga                 | nization Name                                     |  | D  | ate o           | f Re | ecei       | ipt       |            |           |        |     |  |
|              | Mailing Address 4714 Gettysburg Rd   |  |                     |   | 10 27 2023<br>Transaction ID : A2023-2353884 |    |                 |      |            |           |            |           |        |     |  |
|              | City   | State<br>PA                            |                     | Zip Code  | _  |    |                 |      |            |           |            |           |        |     |  |
|              | Mechanicsburg  | FA                                     |                     | 17055   | _  | A  | noun            | t of | Ea         | ch R      | Receipt th | nis Per   | od     |     |  |
|              | FEC ID number of contributing federal political committee.                                     | С                                      |                     |   |  |    |                 |      | -          | _         |            | 1         | 15.39  | )   |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                | Occ<br>Exe                             |                     | tion (for Individual)<br>ve                       |  | l  | Μ               | lemo | o Ite      | əm        |            |           |        |     |  |
|              | Receipt For:   | Aggregate                              | Yea                 | ar-to-Date 🔻                                      |  |    |                 |      |            |           |            |           |        |     |  |
|              | Primary General<br>Other (specify) ▼   |  | -                   | 461.56  |  |    |                 |      |            |           |            |           |        |     |  |
| B.           | Full Name of Individual (Last, First, Middle Initi<br>O'Donnell, Michael, , ,                  | ial) or Full O                         | rga                 | nization Name                                     |  | D  | ate o           | f Re | ecei       | ipt       |            |           |        |     |  |
|              | Mailing Address 4714 Gettysburg Rd   |  |                     |   |  | Γ  | 11              | /    | Γ          | D D<br>10 | ) / Y      | y<br>2023 |        |     |  |
|              | City   | State                                  |                     | Zip Code  |  |    | Trans           | acti | ion        | ID :      | A2023-2    | 46514     | 1      |     |  |
|              | Mechanicsburg  | PA                                     |                     | 17055   |  | A  | noun            | t of | Ea         | ich R     | Receipt th | nis Per   | od     |     |  |
|              | FEC ID number of contributing federal political committee.                                     | С                                      | 115.39<br>Memo Item |   |  |    |                 |      |            |           |            |           |        |     |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                | Occ<br>Exe                             |                     |   |  |    |                 |      |            |           |            |           |        |     |  |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                              |                     |   |  |    |                 |      |            |           |            |           |        |     |  |
| с.           | Full Name of Individual (Last, First, Middle Initi<br>O'Donnell, Michael, , ,                  | ial) or Full O                         | rga                 | nization Name                                     |  | D  | ate o           | f Re | ecei       | ipt       |            |           |        |     |  |
|              | Mailing Address 4714 Gettysburg Rd   |  |                     |   |  | Γ  | 11 <sup>M</sup> | /    | Γ          | 24        |            | 2023      | Y Y    |     |  |
|              | City   | State                                  | _                   | Zip Code  |  | 7  | Trans           | sact | tion       | ID :      | A2023-2    | 258755    | 1      |     |  |
|              | Mechanicsburg  | PA                                     |                     | 17055   |  | A  | noun            | t of | Ea         | ch F      | Receipt tl | nis Per   | od     |     |  |
|              | FEC ID number of contributing federal political committee.                                     | С                                      |                     |   |  | ļ  |                 |      | y          | _         | , <u>,</u> | 1         | 15.39  | )   |  |
|              | Name of Employer (for Individual)  | Occi                                   | upa                 | tion (for Individual)                             |  | T  | N               | lemo | o It       | em        |            |           |        |     |  |
|              | Select Medical Corporation   | Exe                                    | •                   | (   |  | 1  |                 |      |            |           |            |           |        |     |  |
|              | Receipt For:   | Aggregate                              | Yea                 | ar-to-Date 🔻                                      |  |    |                 |      |            |           |            |           |        |     |  |
|              | Primary General<br>Other (specify)   |  | -                   | 692.34  |  |    |                 |      |            |           |            |           |        |     |  |
|              | UBTOTAL of Receipts This Page (optional)   |  |                     |   | <u> </u>                                     | Г  |                 |      | 9          | ÷         | · ·        | 34        | 46.17  | 7   |  |
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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| TIEMIZED RECEIPTS  |  | for each category of t<br>Detailed Summary Pa |   | ×  | < 11a                     |                 |       | 11<br>14 | - F | 11c             |                 | 12<br>16 | 17                         |       |  |  |  |  |  |
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| $\setminus$  | NAME OF COMMITTEE (In Full)  |   |   |  |                           |                 |       |          |     |                 |                 |          |                            |       |  |  |  |  |  |
|  | Select Medical Corporation PAC   | 2   |   |  |                           |                 |       |          |     |                 |                 |          |                            |       |  |  |  |  |  |
| Α.   |  |   |   |  |                           |                 |       |          |     | Date of Receipt |                 |          |                            |       |  |  |  |  |  |
|  | Mailing Address 4714 Gettysburg Rd   | Ctoto   | Zin Codo                                    |  | 12 08 / Y Y Y Y Y<br>2023 |                 |       |          |     |                 |                 |          |                            |       |  |  |  |  |  |
|  | City<br>Mechanicsburg  | State<br>PA                                   | Zip Code<br>17055                           |  |                           |                 |       |          |     |                 | A2023           |          |                            |       |  |  |  |  |  |
|  | FEC ID number of contributing federal political committee.                                 | С   |   |  |                           | Amo             | unt c | of I     | Ea  | ch R            | eceipt          | this I   | <sup>2</sup> eriod<br>115. | 39    |  |  |  |  |  |
|  | Name of Employer (for Individual)<br>Select Medical Corporation                            |   | upation (for Individual)                    |  |                           |                 | Men   | no       | lte | em              |                 |          |                            |       |  |  |  |  |  |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼                                       | Aggregate                                     | Year-to-Date ▼<br>807.                      | .73  |                           |                 |       |          |     |                 |                 |          |                            |       |  |  |  |  |  |
| В.   | Full Name of Individual (Last, First, Middle Init<br>O'Donnell, Michael, , ,               |   |   | Date   | of F                      | Red             | cei   | pt       |     |                 |                 |          |                            |       |  |  |  |  |  |
|  | Mailing Address 4714 Gettysburg Rd   |   |   |  | <sup>™</sup> 1:           |                 | /     |          | 22  | /               |                 | )23<br>) | Y                          |       |  |  |  |  |  |
|  | City<br>Mechanicsburg  | State<br>PA                                   | Zip Code<br>17055                           | Transaction ID : A2023-2802151<br>Amount of Each Receipt this Period |                           |                 |       |          |     |                 |                 |          |                            |       |  |  |  |  |  |
| FEC ID number of contributing federal political committee. |  |   | С   |  |                           |                 |       |          |     |                 |                 |          | 115.                       | 39    |  |  |  |  |  |
|  | Name of Employer (for Individual)<br>Select Medical Corporation                            |   | cupation (for Individual)<br>ecutive        | Memo Item  |                           |                 |       |          |     |                 |                 |          |                            |       |  |  |  |  |  |
|  | Receipt For:     Aggregate Year-to-Date ▼       Other (specify) ▼     923.12               |   |   |  |                           |                 |       |          |     |                 |                 |          |                            |       |  |  |  |  |  |
| <u> </u>   | Full Name of Individual (Last, First, Middle Init<br>Ortenzio, Robert, A, Mr.,             | ial) or Full C                                | Drganization Name                           |  |                           | Date            | of F  | Red      | cei | pt              |                 |          |                            |       |  |  |  |  |  |
|  | Mailing Address 1716 Olmsted Way East  |   |   |  |                           | <sup>™</sup> 10 |       | /        | ľ   | 06              | /               |          | 023                        | Ŷ     |  |  |  |  |  |
|  | City<br>Camp Hill  | State<br>PA                                   | Zip Code<br>17011                           |  |                           |                 |       |          |     |                 | A2023<br>eceipt |          |                            |       |  |  |  |  |  |
|  | FEC ID number of contributing federal political committee.                                 | С   |   | ]  |                           | Ē               |       |          | y   |                 | ,               |          | 5000.                      | 00    |  |  |  |  |  |
|  | Name of Employer (for Individual)<br>Select Medical Corporation                            |   | upation (for Individual)<br>cutive Chairman |  | Ц                         | Men             | no    | ) Ite    | əm  |                 |                 |          |                            |       |  |  |  |  |  |
|  | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                                     | Year-to-Date ▼<br>5000                      |  |                           |                 |       |          |     |                 |                 |          |                            |       |  |  |  |  |  |
| s  | UBTOTAL of Receipts This Page (optional)   |   |   | •••••  |                           |                 |       |          | 9   |                 | ,               |          | 5230.                      | 78    |  |  |  |  |  |
| т  | OTAL This Period (last page this line number   | only)   |   | 🕨  |                           | Ľ               |       |          | -   |                 |                 |          |                            |       |  |  |  |  |  |

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

| SCHEDULE A   | (FEC Form 3X) |
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|  |  |             |         |                        | , <sub>0</sub> |          | 13                                 |            | 14       | 15         | 16        | 17 |  |  |  |  |
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| $\setminus$                              | NAME OF COMMITTEE (In Full)  |             |         |                        |                |          |                                    |            |          |            |           |    |  |  |  |  |
|  | Select Medical Corporation PAC   | ;           |         |                        |                |          |                                    |            |          |            |           |    |  |  |  |  |
| А.                                       | Full Name of Individual (Last, First, Middle Initi<br>Ortenzio, Rocco, A, Mr.,                 | al) or Full | Orga    | nization Name          |                |          | Date o                             | f Re       | ceipt    |            |           |    |  |  |  |  |
|  | Mailing Address 7 Westwind Dr  |             |         |                        |                |          | M M                                |            | D I      | D / Y      | YY        | Y  |  |  |  |  |
|  |  |             |         | 1                      |                |          | 07 07 2023                         |            |          |            |           |    |  |  |  |  |
|  | City   | State<br>PA |         | Zip Code<br>17043-1234 |                |          | Transaction ID : A2023-1633236     |            |          |            |           |    |  |  |  |  |
|  | Lemoyne  |             |         | 17043-1234             |                | _        | Amount of Each Receipt this Period |            |          |            |           |    |  |  |  |  |
|  | FEC ID number of contributing federal political committee.                                     | С           |         |                        |                |          |                                    |            |          | 7          | 192.3     | 31 |  |  |  |  |
|  | Name of Employer (for Individual)<br>Select Medical Corporation                                |             | •       | tion (for Individu     | al)            |          | М                                  | emc        | Item     |            |           |    |  |  |  |  |
|  | Receipt For:   |             |         |                        |                | _        |                                    |            |          |            |           |    |  |  |  |  |
|  | Primary General  | Aggrega     | te Yea  | ar-to-Date ▼           |                |          |                                    |            |          |            |           |    |  |  |  |  |
| Other (specify) ▼ 2692.34                |  |             |         |                        |                |          |                                    |            |          |            |           |    |  |  |  |  |
|  | Full Name of Individual (Last, First, Middle Initi   | al) or Full | Orga    | nization Name          |                |          |                                    |            |          |            |           |    |  |  |  |  |
| Β.                                       |  |             |         |                        |                |          | Date of                            | f Re       | ceipt    |            |           |    |  |  |  |  |
|  | Mailing Address 7 Westwind Dr  |             |         |                        |                |          |                                    | 07 21 2023 |          |            |           |    |  |  |  |  |
|  | City   | State       |         | Zip Code               |                |          | Trans                              | acti       | on ID :  | A2023-1    | 635679    |    |  |  |  |  |
|  | Lemoyne  | PA          |         | 17043-1234             |                | _        | Amoun                              | t of       | Each F   | Receipt th | is Period |    |  |  |  |  |
|  | FEC ID number of contributing federal political committee.                                     |             |         |                        |                |          |                                    |            |          | 1 40-      | 192.3     | 31 |  |  |  |  |
|  | Name of Employer (for Individual)  | 0           | ссира   | tion (for Individu     | al)            |          | М                                  | emc        | Item     |            |           |    |  |  |  |  |
|  | Select Medical Corporation   | V           | /ice-Cl | hairman                |                |          | _                                  |            |          |            |           |    |  |  |  |  |
|  | Receipt For:<br>Primary General  | Aggrega     | te Yea  | ar-to-Date 🔻           |                |          |                                    |            |          |            |           |    |  |  |  |  |
|  | Other (specify) ▼  |             | ,       |                        | 2884.65        |          |                                    |            |          |            |           |    |  |  |  |  |
|  | Full Name of Individual (Last, First, Middle Initi   | al) or Full | Orga    | nization Name          |                |          |                                    |            |          |            |           |    |  |  |  |  |
| C.                                       | Ortenzio, Rocco, A, Mr.,   |             |         |                        |                | _        | Date of                            | f Re       | ceipt    |            |           |    |  |  |  |  |
|  | Mailing Address 7 Westwind Dr  |             |         |                        |                |          | 08                                 | 1          | 04       |            | 2023      | Y  |  |  |  |  |
|  | City   | State       |         | Zip Code               |                |          |                                    | sact       | ion ID : | : A2023-1  | 1         |    |  |  |  |  |
|  | Lemoyne  | PA          |         | 17043-1234             |                |          |                                    |            |          | Receipt th |           |    |  |  |  |  |
|  | FEC ID number of contributing  | 0           | _       |                        | _              |          |                                    |            |          |            | 400.0     |    |  |  |  |  |
|  | federal political committee.   | С           |         |                        | _              |          | <u></u> -                          | -          | y I      |            | 192.3     | 51 |  |  |  |  |
|  | Name of Employer (for Individual)  | 0           | ccupa   | tion (for Individu     | al)            |          | М                                  | lemo       | ltem     |            |           |    |  |  |  |  |
| Select Medical Corporation Vice-Chairman |  |             |         |                        |                |          |                                    |            |          |            |           |    |  |  |  |  |
|  | Receipt For:   | Aggrega     | te Yea  | ar-to-Date 🔻           |                |          |                                    |            |          |            |           |    |  |  |  |  |
|  | Other (specify)  |             | - 1     |                        | 3076.96        |          |                                    |            |          |            |           |    |  |  |  |  |
| s  | UBTOTAL of Receipts This Page (optional)   |             |         |                        |                | <u> </u> |                                    |            | ,        | , y        | 576.9     | 3  |  |  |  |  |
| т  | OTAL This Period (last page this line number o   | only)       |         |                        |                | •        |                                    |            |          |            |           |    |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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

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14 13 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 Ortenzio, Rocco, A, Mr., Α. Date of Receipt Mailing Address 7 Westwind Dr 2023 08 18 City Zip Code State Transaction ID : A2023-1884963 PA 17043-1234 Lemoyne Amount of Each Receipt this Period FEC ID number of contributing С 192.31 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation Vice-Chairman Receipt For: Aggregate Year-to-Date ▼ Primary General 3269.27 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ortenzio, Rocco, A, Mr., Date of Receipt Mailing Address 7 Westwind Dr 09 01 2023 City State Zip Code Transaction ID : A2023-1924738 Lemoyne PA 17043-1234 Amount of Each Receipt this Period FEC ID number of contributing С 192.31 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice-Chairman Select Medical Corporation Receipt For: Aggregate Year-to-Date ▼ Primarv General 3461.58 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ortenzio, Rocco, A, Mr., Date of Receipt Mailing Address 7 Westwind Dr М 2023 09 15 City State Zip Code Transaction ID : A2023-2036956 PA Lemoyne 17043-1234 Amount of Each Receipt this Period FEC ID number of contributing С 192.31 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation Vice-Chairman Receipt For: Aggregate Year-to-Date ▼ Primary General 3653.89 Other (specify) 576.93 SUBTOTAL of Receipts This Page (optional).....

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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| ITEMIZED RECEIPTS  |  |                 |      | or each category of the<br>etailed Summary Page |  | -  |      | 11b                              |        | 11c        |   | 12               |      |    |  |  |  |  |
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|  | NAME OF COMMITTEE (In Full)  |                 | uure | ss of any political committee                   | 10 50  |  | TUTO | JULIONS                          | 5 110  | JIII SUCI  |   |                  |      |    |  |  |  |  |
| $\rangle$  | Select Medical Corporation PAC   |                 |      |   |  |  |      |                                  |        |            |   |                  |      |    |  |  |  |  |
| Α.   | Full Name of Individual (Last, First, Middle Initial)<br>Ortenzio, Rocco, A, Mr.,<br>Mailing Address 7 Westwind Dr | Date of Receipt |      |   |  |  |      |                                  |        |            |   |                  |      |    |  |  |  |  |
| City State Zip Code  |  |                 |      |   |  |  |      | 09 29 2023                       |        |            |   |                  |      |    |  |  |  |  |
|  | Lemoyne  | PA              |      | 17043-1234                                      |  | Transaction ID : A2023-2130221<br>Amount of Each Receipt this Period |      |                                  |        |            |   |                  |      |    |  |  |  |  |
|  | FEC ID number of contributing federal political committee.   | ů l             |      |   |  |  |      |                                  | 192.31 |            |   |                  |      |    |  |  |  |  |
| Name of Employer (for Individual)Occupation (for Individual)Select Medical CorporationVice-Chairman                                    |  |                 |      |   |  |  | lemo | ltem                             | l      |            |   |                  |      |    |  |  |  |  |
|  | Receipt For:       Ø         Primary       General         Other (specify) ▼                                       |                 |      |   |  |  |      |                                  |        |            |   |                  |      |    |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         B. Ortenzio, Rocco, A, Mr.,    Date of Receipt |  |                 |      |   |  |  |      |                                  |        |            |   |                  |      |    |  |  |  |  |
| Mailing Address 7 Westwind Dr  |  |                 |      |   |  |  |      | 10 / D D / Y Y Y Y<br>10 13 2023 |        |            |   |                  |      |    |  |  |  |  |
|  | City<br>Lemoyne  | State<br>PA     |      | Zip Code<br>17043-1234                          | Transaction ID : A2023-2294543<br>Amount of Each Receipt this Period |  |      |                                  |        |            |   |                  |      |    |  |  |  |  |
| FEC ID number of contributing federal political committee.   |  |                 |      |   |  | <u> </u>   |      |                                  |        | -9-        | _ | 192.3            | 31   |    |  |  |  |  |
|  | Name of Employer (for Individual)<br>Select Medical Corporation  |                 | •    | on (for Individual)<br>airman                   |  | N  | lemo | ) Item                           | 1      |            |   |                  |      |    |  |  |  |  |
|  | Receipt For:       //         Primary       General         Other (specify) ▼                                      | Aggregate `     | Yeai | -to-Date ▼<br>4038.51                           |  |  |      |                                  |        |            |   |                  |      |    |  |  |  |  |
| с.   | Full Name of Individual (Last, First, Middle Initial)<br>Ortenzio, Rocco, A, Mr.,                                  | ) or Full Or    | rgan | ization Name                                    |  | Date o   | f Re | eceipt                           |        |            |   |                  |      |    |  |  |  |  |
|  | Mailing Address 7 Westwind Dr  |                 | -    |   |  | <sup>M</sup> 10  | /    | 2                                | 27     | / Y        |   | )23 <sup>°</sup> | Y    |    |  |  |  |  |
|  | City<br>Lemoyne  | State<br>PA     |      | Zip Code<br>17043-1234                          |  |  |      | -                                |        | 2023-2     |   |                  |      |    |  |  |  |  |
|  | FEC ID number of contributing federal political committee.   | С               |      |   |  | Amount of Each Receipt this Period                                   |      |                                  |        |            |   |                  | 31   |    |  |  |  |  |
|  | Name of Employer (for Individual)<br>Select Medical Corporation  |                 | •    | on (for Individual)<br>iirman                   |  | N  | lemo | b Item                           | ı      |            |   |                  |      |    |  |  |  |  |
|  | Receipt For:     //       Primary     General       Other (specify)  |                 |      |   |  |  |      |                                  |        |            |   |                  |      |    |  |  |  |  |
| s  | UBTOTAL of Receipts This Page (optional)   |                 |      | ••••••  |  |  |      | ,                                |        |            |   | 576.9            | 93   | ]  |  |  |  |  |
| т  | OTAL This Period (last page this line number onl   | y)              |      | •••••   | -  |  |      |                                  |        | - <b>T</b> |   |                  |      |    |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|   | y information copied from such Reports and Si<br>for commercial purposes, other than using the |              |          |                     |          |   |                                    |       |                                |            |        |    |  |  |  |  |  |  |
|   | NAME OF COMMITTEE (In Full)  |              |          |                     |          |   |                                    |       |                                |            |        |    |  |  |  |  |  |  |
|   | Select Medical Corporation PAC   | 2            |          |                     |          |   |                                    |       |                                |            |        |    |  |  |  |  |  |  |
| ~   | Full Name of Individual (Last, First, Middle Init<br>Ortenzio, Rocco, A, Mr.,                  | ial) or Full | Orga     | nization Name       |          |   | Date of                            | f Bo  | coint                          |            |        |    |  |  |  |  |  |  |
|   |  |              |          |                     |          |   |                                    |       |                                |            |        | 24 |  |  |  |  |  |  |
|   | Walking Address 7 Westwind Dr  |              |          |                     |          |   | 11 10 2023                         |       |                                |            |        |    |  |  |  |  |  |  |
| City State Zip Code   |  |              |          |                     |          |   |                                    |       | Transaction ID : A2023-2465148 |            |        |    |  |  |  |  |  |  |
| Lemoyne PA 17043-1234   |  |              |          |                     |          |   | Amount of Each Receipt this Period |       |                                |            |        |    |  |  |  |  |  |  |
|   | FEC ID number of contributing  |              |          |                     | _        |   |                                    |       |                                |            |        |    |  |  |  |  |  |  |
|   | federal political committee.   | С            |          |                     |          |   | Ŀ-                                 |       | -                              |            | 192.3  | 1  |  |  |  |  |  |  |
|   | Name of Employer (for Individual)  | 0            | ccupa    | tion (for Individua | )        |   | Μ                                  | emc   | Item                           |            |        |    |  |  |  |  |  |  |
|   | Select Medical Corporation   | V            | ice-Cł   | nairman             |          |   |                                    |       |                                |            |        |    |  |  |  |  |  |  |
|   | Receipt For:   | Aggrega      | te Yea   | ar-to-Date 🔻        |          |   |                                    |       |                                |            |        |    |  |  |  |  |  |  |
|   | Primary General  |              |          |                     |          |   |                                    |       |                                |            |        |    |  |  |  |  |  |  |
|   | Other (specify) <b>v</b>   |              |          | 4                   | 423.13   |   |                                    |       |                                |            |        |    |  |  |  |  |  |  |
|   | Full Name of Individual (Last, First, Middle Init  | ial) or Full | Orga     | nization Name       |          |   |                                    |       |                                |            |        |    |  |  |  |  |  |  |
| Β.  | Ortenzio, Rocco, A, Mr.,   |              |          |                     |          |   | Date of                            | f Re  | eceipt                         |            |        |    |  |  |  |  |  |  |
|   | Mailing Address 7 Westwind Dr  |              |          |                     |          |   | 11 24 2023                         |       |                                |            |        |    |  |  |  |  |  |  |
|   | City   | State        |          | Zip Code            |          |   | Trans                              | acti  | ion ID ·                       | A2023-2    | 587555 |    |  |  |  |  |  |  |
|   | Lemoyne  | PA           |          | 17043-1234          |          |   |                                    |       |                                | Receipt th |        |    |  |  |  |  |  |  |
|   | FEC ID number of contributing federal political committee.                                     |              |          |                     |          |   | 192.31                             |       |                                |            |        |    |  |  |  |  |  |  |
|   | Name of Employer (for Individual)  | 0            | ccupa    | tion (for Individua | D        | _ | Memo Item                          |       |                                |            |        |    |  |  |  |  |  |  |
|   | Select Medical Corporation   |              | •        | hairman             | .,       |   | -                                  |       |                                |            |        |    |  |  |  |  |  |  |
|   | Receipt For:   | Anareaa      | te Ve:   | ar-to-Date 🔻        |          | _ |                                    |       |                                |            |        |    |  |  |  |  |  |  |
|   | Primary General  | , iggi ogu   |          |                     |          |   |                                    |       |                                |            |        |    |  |  |  |  |  |  |
|   | Other (specify) V  |              | <b>,</b> | 4                   | 615.44   |   |                                    |       |                                |            |        |    |  |  |  |  |  |  |
| _   | Full Name of Individual (Last, First, Middle Init<br>Ortenzio, Rocco, A, Mr.,                  | ial) or Full | Orga     | nization Name       |          |   | Data a                             | ( D - |                                |            |        |    |  |  |  |  |  |  |
| <b>U</b> .  | Mailing Address 7 Westwind Dr  |              |          |                     |          | _ | Date of                            |       | · ·                            |            |        |    |  |  |  |  |  |  |
|   | Maining Address 7 Westwind Dr  |              |          |                     |          |   | 12                                 | 1     | 08                             |            | 2023   | Y  |  |  |  |  |  |  |
|   | City   | State        |          | Zip Code            |          |   | Trans                              | sact  | ion ID                         | : A2023-2  | 726330 |    |  |  |  |  |  |  |
|   | Lemoyne  | PA           |          | 17043-1234          |          |   |                                    |       |                                | Receipt th |        |    |  |  |  |  |  |  |
|   | FEC ID number of contributing  |              |          |                     | _        |   | , ano an                           |       | Laon                           | locolpt in |        | _  |  |  |  |  |  |  |
|   | federal political committee.   | С            |          |                     |          |   | <u> </u>                           |       | y                              | y y        | 192.3  | 1  |  |  |  |  |  |  |
|   | Name of Employer (for Individual)  | 0            | ccupa    | tion (for Individua | )        | _ | М                                  | emo   | ltem                           |            |        |    |  |  |  |  |  |  |
|   | Select Medical Corporation Vice-Chairman   |              |          |                     |          |   |                                    |       |                                |            |        |    |  |  |  |  |  |  |
| Receipt For:     Aggregate Year-to-Date ▼       Primary     General |  |              |          |                     |          |   |                                    |       |                                |            |        |    |  |  |  |  |  |  |
|   |  |              |          |                     |          |   |                                    |       |                                |            |        |    |  |  |  |  |  |  |
|   | Other (specify)  |              |          | 4                   | 807.75   |   |                                    |       |                                |            |        |    |  |  |  |  |  |  |
|   |  |              |          |                     |          | 1 |                                    | -     |                                |            | F70 0  | 2  |  |  |  |  |  |  |
| s   | UBTOTAL of Receipts This Page (optional)   |              |          |                     | ••••••   |   |                                    |       | y                              |            | 576.9  | 3  |  |  |  |  |  |  |
| _   |  |              |          |                     |          | - |                                    |       |                                |            |        |    |  |  |  |  |  |  |
| ΙT  | OTAL This Period (last page this line number of  | only)        |          |                     | •••••• • |   | <u></u>                            |       | _                              |            |        |    |  |  |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|                 | NAME OF COMMITTEE (In Full)   |   |        |                       |           |                                    |                                |       |          |             |           |    |  |  |  |  |
| $ \rangle$      |   |   |        |                       |           |                                    |                                |       |          |             |           |    |  |  |  |  |
|                 | Select Medical Corporation PAC  |   |        |                       |           |                                    |                                |       |          |             |           |    |  |  |  |  |
| V               | Full Name of Individual (Last, First, Middle Initia   | l) or Full  | Orga   | nization Name         |           |                                    |                                |       |          |             |           |    |  |  |  |  |
| Α.              | Ortenzio, Rocco, A, Mr.,  | .,  |        |                       |           |                                    | Date of                        | f Re  | ceipt    |             |           |    |  |  |  |  |
| Mailing Address |   |   |        |                       |           |                                    |                                |       |          |             |           | N/ |  |  |  |  |
|                 | Westwind Di   |   |        |                       |           |                                    | 12 <sup>M</sup>                | 1     | 22       | , , т       | 2023      | T  |  |  |  |  |
|                 | City  | State   |        | Zip Code              |           |                                    | Transaction ID : A2023-2802095 |       |          |             |           |    |  |  |  |  |
|                 | Lemoyne   | PA  |        | 17043-1234            |           |                                    |                                |       |          |             |           |    |  |  |  |  |
|                 |   |   |        |                       |           | Amount of Each Receipt this Period |                                |       |          |             |           |    |  |  |  |  |
|                 | FEC ID number of contributing   | С   |        |                       |           | 192.25                             |                                |       |          |             |           |    |  |  |  |  |
|                 | federal political committee.  | U   | -      |                       |           |                                    |                                |       |          |             |           |    |  |  |  |  |
|                 | Name of Employer (for Individual)   | 00  | cuna   | tion (for Individual) | )         | _                                  | M                              | emo   | ltem     |             |           |    |  |  |  |  |
|                 |   |   | •      | airman                | )         |                                    |                                | 01110 |          |             |           |    |  |  |  |  |
|                 | Select Medical Corporation  | VI  | Ce-CI  | Idiiiidii             |           | _                                  |                                |       |          |             |           |    |  |  |  |  |
|                 | Receipt For:  | Aggregat  | e Yea  | ar-to-Date 🔻          |           |                                    |                                |       |          |             |           |    |  |  |  |  |
|                 | Primary General   |   |        | 50                    | 00.00     |                                    |                                |       |          |             |           |    |  |  |  |  |
|                 | Other (specify) <b>v</b>  | L   |        | 50                    | 00.00     |                                    |                                |       |          |             |           |    |  |  |  |  |
|                 |   |   |        |                       |           |                                    |                                |       |          |             |           |    |  |  |  |  |
|                 | Full Name of Individual (Last, First, Middle Initia   | l) or Full  | Orga   | nization Name         |           |                                    |                                |       |          |             |           |    |  |  |  |  |
| В.              | Pegler, William, L, Mr.,  |   |        |                       |           |                                    | Date of                        | f Re  | eceipt   |             |           |    |  |  |  |  |
|                 | Mailing Address 21723 E Rowland Cir   |   |        |                       |           |                                    | M M                            | /     | DD       | ) / Y       | Y Y       | Y  |  |  |  |  |
| 07 07           |   |   |        |                       |           |                                    |                                |       |          | 2023        |           |    |  |  |  |  |
|                 | City  | State   |        | Zip Code              |           |                                    | Trans                          | acti  | ion ID : | A2023-16    | 33283     |    |  |  |  |  |
|                 | Aurora  | CO  |        | 80016-3608            |           |                                    | Amount                         | t of  | Each R   | Receipt thi | s Period  |    |  |  |  |  |
|                 | FEC ID number of contributing   |   | -      |                       |           |                                    |                                |       |          |             |           |    |  |  |  |  |
|                 | federal political committee.  |   |        |                       |           |                                    |                                | 153.8 | 34       |             |           |    |  |  |  |  |
|                 |   |   |        |                       |           |                                    |                                |       |          |             |           |    |  |  |  |  |
|                 | Name of Employer (for Individual)   | Name of Employer (for Individual) Occupation (for Individual) |        |                       |           |                                    | Memo Item                      |       |          |             |           |    |  |  |  |  |
|                 | Select Medical Corporation  | Vi  | ice Pr | esident               |           |                                    |                                |       |          |             |           |    |  |  |  |  |
|                 | Receipt For:  | Aggregat  | e Yez  | ar-to-Date 🔻          |           |                                    |                                |       |          |             |           |    |  |  |  |  |
|                 | Primary General   | , iggi ogui   | .0 100 |                       |           |                                    |                                |       |          |             |           |    |  |  |  |  |
|                 | Other (specify)   |   |        | 2                     | 153.76    |                                    |                                |       |          |             |           |    |  |  |  |  |
|                 |   |   |        | 4                     | 40.       | <u> </u>                           |                                |       |          |             |           |    |  |  |  |  |
|                 | Full Name of Individual (Last, First, Middle Initia   | l) or Full  | Orga   | nization Name         |           |                                    |                                |       |          |             |           |    |  |  |  |  |
| С.              | Pegler, William, L, Mr.,  | .,  |        |                       |           |                                    | Date of                        | f Re  | ceipt    |             |           |    |  |  |  |  |
|                 | Mailing Address 21723 E Rowland Cir   |   |        |                       |           |                                    | M M                            |       | D D      |             | Y Y       | V  |  |  |  |  |
|                 |   |   |        |                       |           |                                    | 07                             | ľ     | 21       | , , .       | 2023      | 1  |  |  |  |  |
|                 | City  | State   |        | Zip Code              |           |                                    | Trans                          | sact  | ion ID : | A2023-16    | 635726    |    |  |  |  |  |
|                 | Aurora  | со  |        | 80016-3608            |           |                                    | Amount                         | t of  | Each B   | Receipt thi | e Poriod  |    |  |  |  |  |
|                 |   | -   |        |                       | _         | -                                  | Amoun                          | 1 01  | Lacii ii |             | S T eniou | _  |  |  |  |  |
|                 | FEC ID number of contributing federal political committee.  | С   |        |                       |           |                                    |                                |       |          |             | 153.8     | 34 |  |  |  |  |
|                 | rederar political committee.  |   |        |                       |           |                                    |                                |       | 9        | 9           |           |    |  |  |  |  |
|                 | Name of Employer (for Individual)   | 00  | cupat  | tion (for Individual) | )         | -                                  | M                              | emo   | tem      |             |           |    |  |  |  |  |
|                 | Select Medical Corporation  |   | •      | esident               | /         |                                    |                                |       |          |             |           |    |  |  |  |  |
|                 | Receipt For:  |   |        |                       |           | $\neg$                             |                                |       |          |             |           |    |  |  |  |  |
|                 | Primary General   | Aggregat  | e rea  | ar-to-Date ▼          |           |                                    |                                |       |          |             |           |    |  |  |  |  |
|                 | Other (specify)   |   |        | 23                    | 307.60    |                                    |                                |       |          |             |           |    |  |  |  |  |
|                 |   |   | 7      | 4                     | - 485 - 1 |                                    |                                |       |          |             |           |    |  |  |  |  |
| _               |   |   |        |                       |           |                                    |                                |       |          |             |           |    |  |  |  |  |
|                 |   |   |        |                       |           |                                    |                                |       |          |             | 499.9     | 3  |  |  |  |  |
| S               | UBTOTAL of Receipts This Page (optional)  |   |        |                       | •••••• •  |                                    |                                |       | ,        |             |           | ~  |  |  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|  |  |                 |   | Detailed Summary Page                                      |                                | 11a                     |                              | 111           | -                 | 11c      |      | 12            |             |  |  |  |  |  |
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| Ar<br>or   | y information copied from such Reports and S for commercial purposes, other than using the           | name and a      | ay n<br>addre                                 | ot be sold or used by any peess of any political committee | erson i<br>e to so             | for the<br>plicit co    | pur<br>ntrib                 | pose<br>outio | e of s<br>ons fro | on such  |      | mmitte        | ions<br>ee. |  |  |  |  |  |
| $\setminus$  | NAME OF COMMITTEE (In Full)  |                 |   |  |                                |                         |                              |               |                   |          |      |               |             |  |  |  |  |  |
|  | Select Medical Corporation PAG   | C               |   |  |                                |                         |                              |               |                   |          |      |               |             |  |  |  |  |  |
| Α.   | Full Name of Individual (Last, First, Middle Init<br>Pegler, William, L, Mr.,                        | tial) or Full C | )rgar   | nization Name  |                                | Date o                  | f Re                         | eceip         | pt                |          |      |               |             |  |  |  |  |  |
|  | Mailing Address 21723 E Rowland Cir  |                 |   |  |                                | 08 04 Y Y Y Y Y<br>2023 |                              |               |                   |          |      |               |             |  |  |  |  |  |
|  | City   | State<br>CO     |   | Zip Code<br>80016-3608                                     | Transaction ID : A2023-1679334 |                         |                              |               |                   |          |      |               |             |  |  |  |  |  |
|  | Aurora   |                 | -   | 80010-3008   | - 4                            | Amoun                   | t of                         | Ead           | ch Re             | ceipt th | is P | 'eriod        |             |  |  |  |  |  |
|  | FEC ID number of contributing federal political committee.   | С               |   |  |                                | Ľ.                      |                              | -             |                   |          | _    | 153.8         | 34          |  |  |  |  |  |
|  | Name of Employer (for Individual)Occupation (for Individual)Select Medical CorporationVice President |                 |   |  |                                |                         | Memo Item                    |               |                   |          |      |               |             |  |  |  |  |  |
|  | Receipt For:   | Aggregate       | Yea   | r-to-Date ▼  |                                |                         |                              |               |                   |          |      |               |             |  |  |  |  |  |
|  | Primary     General       Other (specify) ▼  | -               | 2461.44                                       |  |                                |                         |                              |               |                   |          |      |               |             |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         B. Pegler, William, L, Mr.,    Date of Receipt |  |                 |   |  |                                |                         |                              |               |                   |          |      |               |             |  |  |  |  |  |
| Mailing Address 21723 E Rowland Cir  |  |                 |   |  |                                |                         | 08 / D D / Y Y Y Y Y<br>2023 |               |                   |          |      |               |             |  |  |  |  |  |
|  | City   | State           |   | Zip Code   |                                | Trans                   | act                          | ion           | ID : A            | 2023-18  | 385( | 010           |             |  |  |  |  |  |
|  | Aurora   | СО              |   | 80016-3608   |                                | Amoun                   | t of                         | Ead           | ch Re             | ceipt th | is P | 'eriod        |             |  |  |  |  |  |
|  | FEC ID number of contributing federal political committee.   | С               |   | <u> </u>   | _                              | -                       |                              | - 19-         | _                 | 153.8    | 34   |               |             |  |  |  |  |  |
|  | Name of Employer (for Individual)<br>Select Medical Corporation                                      |                 | Occupation (for Individual)<br>Vice President |  |                                |                         |                              |               | em                |          |      |               |             |  |  |  |  |  |
|  | Receipt For:   | Aggregate       | gregate Year-to-Date ▼                        |  |                                |                         |                              |               |                   |          |      |               |             |  |  |  |  |  |
|  | Primary     General       Other (specify) ▼  |                 | 2615.28                                       |  |                                |                         |                              |               |                   |          |      |               |             |  |  |  |  |  |
| —<br>c.  | Full Name of Individual (Last, First, Middle Init<br>Pegler, William, L, Mr.,                        | tial) or Full C | rgar  | nization Name  |                                | Date o                  | f Re                         | eceip         | ot                |          |      |               |             |  |  |  |  |  |
|  | Mailing Address 21723 E Rowland Cir  |                 |   |  |                                | <sup>M</sup> 09         | /                            |               | 01                | / Y      |      | )23           | Y           |  |  |  |  |  |
|  | City<br>Aurora   | State<br>CO     |   | Zip Code<br>80016-3608                                     |                                |                         |                              | -             |                   | 2023-1   | -    |               |             |  |  |  |  |  |
|  |  |                 | -   | 00010-3008   |                                | Amoun                   | t of                         | Ead           | ch Re             | ceipt th | is P | 'eriod        |             |  |  |  |  |  |
|  | FEC ID number of contributing federal political committee.   | С               |   |  |                                | Ľ.                      |                              | 9             |                   | y        | _    | 153.8         | 34          |  |  |  |  |  |
|  | Name of Employer (for Individual)<br>Select Medical Corporation                                      |                 | •   | ion (for Individual)<br>sident                             |                                | N                       | lemo                         | o Ite         | em                |          |      |               |             |  |  |  |  |  |
|  | Receipt For:   | Aggregate       | Yea   | r-to-Date ▼  |                                |                         |                              |               |                   |          |      |               |             |  |  |  |  |  |
|  | Primary     General       Other (specify)     2769.12  |                 |   |  |                                |                         |                              |               |                   |          |      |               |             |  |  |  |  |  |
| s  | UBTOTAL of Receipts This Page (optional)   |                 |   | ····· •  |                                |                         |                              | 9             |                   | 9        | -    | 461.5         | 2           |  |  |  |  |  |
| Т  | OTAL This Period (last page this line number   | only)           |   | ••••••   | .                              | L.,                     |                              | -             |                   |          |      |               |             |  |  |  |  |  |

| SCHEDULE A   | (FEC Form 3 | X) |
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| ITEMIZED REC | EIPTS       |    |

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| TIEMIZED RECEIPTS  |  |  | for each category of the<br>Detailed Summary Page |                | <b>X</b> 11                        |                 |            | 11   | - F    | 11c       |        | 12<br>16 | 17    |  |  |
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|  | y information copied from such Reports and St<br>for commercial purposes, other than using the |  |   |                | for                                | the             |            | pos  | se of  | solicitir |        | ntribu   | tions |  |  |
| $\setminus$  | NAME OF COMMITTEE (In Full)  |  |   |                |                                    |                 | _          |      |        |           |        |          |       |  |  |
| $\langle \rangle$  | Select Medical Corporation PAC   | )  |   |                |                                    |                 |            |      |        |           |        |          |       |  |  |
| Α.   |  | ial) or Full C                           | Drganization Name                                 |                | Dat                                | e of            | f Re       | ece  | ipt    |           |        |          |       |  |  |
|  | Mailing Address 21723 E Rowland Cir  |  |   |                | 09 15 / Y Y Y Y<br>2023            |                 |            |      |        |           |        |          |       |  |  |
|  | City   | State<br>CO                              | Zip Code  |                | Transaction ID : A2023-2037004     |                 |            |      |        |           |        |          |       |  |  |
|  | Aurora   |  | 80016-3608  |                | Am                                 | oun             | t of       | Ea   | ich R  | eceipt t  | his F  | Period   |       |  |  |
|  | FEC ID number of contributing federal political committee.                                     | С  |   |                |                                    |                 |            | -    |        |           | 153.84 |          |       |  |  |
|  | Name of Employer (for Individual)<br>Select Medical Corporation                                | cupation (for Individual)<br>e President |   |                | М                                  | emc             | o It       | em   |        |           |        |          |       |  |  |
|  | Receipt For:   | Aggregate                                | Year-to-Date V                                    |                |                                    |                 |            |      |        |           |        |          |       |  |  |
|  | Primary     General       Other (specify) ▼  |  | 2922.96   |                | ]                                  |                 |            |      |        |           |        |          |       |  |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         B. Pegler, William, L, Mr.,    Date of Receipt |  |  |   |                |                                    |                 |            |      |        |           |        |          |       |  |  |
|  | Mailing Address 21723 E Rowland Cir  |  |   |                |                                    |                 | 09 29 2023 |      |        |           |        |          |       |  |  |
|  | City   | State                                    | Zip Code  |                | Tr                                 | ans             | acti       | ion  | ID :   | A2023-    | 2130   | 269      |       |  |  |
|  | Aurora   | CO                                       | 80016-3608  |                | Amount of Each Receipt this Period |                 |            |      |        |           |        |          |       |  |  |
|  | FEC ID number of contributing federal political committee.                                     |  |   |                |                                    |                 | 153.84     |      |        |           |        |          |       |  |  |
|  | Name of Employer (for Individual)<br>Select Medical Corporation                                |  | cupation (for Individual)<br>e President          |                |                                    | М               | emc        | o It | em     |           |        |          |       |  |  |
|  | Receipt For:     Aggregate Year-to-Date ▼       Other (specify) ▼     3076.80                  |  |   |                |                                    |                 |            |      |        |           |        |          |       |  |  |
| <u>с</u> .   | Full Name of Individual (Last, First, Middle Init<br>Pegler, William, L, Mr.,                  | ial) or Full C                           | Drganization Name                                 |                | Dat                                | e of            | f Re       | ece  | ipt    |           |        |          |       |  |  |
|  | Mailing Address 21723 E Rowland Cir  |  |   |                |                                    | 10 <sup>M</sup> | /          | E    | D 13   | /         |        | 023      | Y     |  |  |
|  | City   | State<br>CO                              | Zip Code  |                | Tr                                 | rans            | sact       | tior | n ID : | A2023-    | 2294   | 532      |       |  |  |
|  | Aurora   | 00                                       | 80016-3608  |                | Am                                 | oun             | t of       | Ea   | ich R  | eceipt t  | his F  | Period   |       |  |  |
|  | FEC ID number of contributing federal political committee.                                     | С  |   |                |                                    | _               |            | ,    |        | ,         |        | 153.     | 84    |  |  |
|  | Name of Employer (for Individual)<br>Select Medical Corporation                                |  | cupation (for Individual)<br>President            | ual) Memo Item |                                    |                 |            |      |        |           |        |          |       |  |  |
|  | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                                | Year-to-Date ▼<br>3230.64                         |                |                                    |                 |            |      |        |           |        |          |       |  |  |
| s  | UBTOTAL of Receipts This Page (optional)   |  |   | •              |                                    |                 |            | ,    |        | , ,       |        | 461.     | 52    |  |  |
| т  | OTAL This Period (last page this line number of  | only)                                    |   |                |                                    |                 |            | -    |        |           |        |          |       |  |  |

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

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| ITEMIZED RECEIPTS   |   |                        |  | or each category of the<br>Detailed Summary Page    |  | -               |       | -          | 11b  | 11c        |          | 12      |      |    |  |
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|   | y information copied from such Reports and State<br>for commercial purposes, other than using the na                  |                        |  |   |  |                 |       | rpc        |      |            |          |         | ions | 17 |  |
| $\overline{\langle}$  | NAME OF COMMITTEE (In Full)   |                        |  |   |  |                 |       |            |      |            |          |         |      |    |  |
| $\rangle$   | Select Medical Corporation PAC  |                        |  |   |  |                 |       |            |      |            |          |         |      |    |  |
| Α.  | Full Name of Individual (Last, First, Middle Initial) Pennacchia, Raymond, J, Mr., Mailing Address 6 Cold Spring Lane | or Full Or             | gan  | ization Name  | _  | Date            | of Re | ece        | eipt | ) / Y      | Y        | Ý       | Y    |    |  |
|   | City  | State                  |  | Zip Code  | 07 07 2023<br>Transaction ID : A2023-1633246                         |                 |       |            |      |            |          |         |      |    |  |
|   | Media   | PA                     |  | 19063   | Amount of Each Receipt this Period                                   |                 |       |            |      |            |          |         |      |    |  |
|   | FEC ID number of contributing federal political committee.  | С                      |  |   |  |                 |       | ,          |      |            |          | 115.3   | 39   |    |  |
|   | Name of Employer (for Individual)<br>Select Medical Corporation   | •                      | ion (for Individual)<br>sident of Marketing Senior |   | N  | /lem            | οI    | ltem       |      |            |          |         |      |    |  |
|   | Receipt For:       A         Primary       General         Other (specify) ▼  | r-to-Date ▼<br>1615.46 |  |   |  |                 |       |            |      |            |          |         |      |    |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         B.       Pennacchia, Raymond, J, Mr.,         Date of Receipt |   |                        |  |   |  |                 |       |            |      |            |          |         |      |    |  |
|   | Mailing Address 6 Cold Spring Lane  |                        |  |   | <sup>™</sup> 07  | л /             | /     | D D D D 21 | / Y  |            | )23<br>) | Y       |      |    |  |
|   | City<br>Media   | State<br>PA            |  | Zip Code<br>19063                                   | Transaction ID : A2023-1635689<br>Amount of Each Receipt this Period |                 |       |            |      |            |          |         |      |    |  |
|   | FEC ID number of contributing federal political committee.  | 115.39                 |  |   |  |                 |       |            |      |            |          |         |      |    |  |
|   | Name of Employer (for Individual)<br>Select Medical Corporation   |                        | •  | ion (for Individual)<br>esident of Marketing Senior |  | N               | /lem  | οI         | ltem |            |          |         |      |    |  |
|   | Receipt For:     A       Primary     General       Other (specify) ▼  | Aggregate Y            | Yea  | r-to-Date ▼<br>1730.85                              |  |                 |       |            |      |            |          |         |      |    |  |
| с.  | Full Name of Individual (Last, First, Middle Initial)<br>Pennacchia, Raymond, J, Mr.,                                 | or Full Or             | gan  | ization Name  |  | Date            | of Re | ece        | eipt |            |          |         |      |    |  |
|   | Mailing Address 6 Cold Spring Lane  |                        |  |   |  | <sup>M</sup> 08 | И     | /          | 04   |            |          | )<br>23 | Y    |    |  |
|   | City<br>Media   | State<br>PA            |  | Zip Code<br>19063                                   |  |                 |       |            |      | A2023-1    |          |         | _    |    |  |
|   | FEC ID number of contributing federal political committee.  | С                      |  |   |  |                 |       | ,          |      | leceipt th |          | 115.3   | 39   | ]  |  |
|   | Name of Employer (for Individual)<br>Select Medical Corporation   |                        | •  | ion (for Individual)<br>sident of Marketing Senior  |  |                 | /lem  | 0          | ltem |            |          |         |      |    |  |
|   | Receipt For:     A       Primary     General       Other (specify)  | Aggregate Y            | Yea  | r-to-Date ▼<br>1846.24                              |  |                 |       |            |      |            |          |         |      |    |  |
| s   | UBTOTAL of Receipts This Page (optional)  |                        |  | •••••   |  |                 |       | ,          |      | . ,        |          | 346.1   | 7    | ]  |  |
| т   | OTAL This Period (last page this line number only   | /)                     |  | •   | -  |                 |       | ,          |      |            |          |         |      |    |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| ITEMIZED RECEIPTS  |   | for each category of the<br>Detailed Summary Page   | X         11a         11b         11c         12           13         14         15         16         17  |  |  |  |  |  |
|--|---|---|--|--|--|--|--|--|
| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. |   |   |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full) Select Medical Corporation   | PAC   |   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mic<br>Pennacchia, Raymond, J, Mr.,<br>Mailing Address 6 Cold Spring Lane<br>City<br>Media<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)   | State<br>PA   | rganization Name<br>Zip Code<br>19063   | Date of Receipt          Max       /       Date       0         Max       /       18       2023         Transaction ID : A2023-1884973         Amount of Each Receipt this Period         115.39         Memo Item   |  |  |  |  |  |
| Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼  | lect Medical Corporation       Vice President of Marketing Senior         ceipt For:       Aggregate Year-to-Date ▼         Primary       General |   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mic<br>Pennacchia, Raymond, J, Mr.,<br>Mailing Address 6 Cold Spring Lane  | Date of Receipt   |   |  |  |  |  |  |  |
| City<br>Media<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:<br>□ Primary □ General<br>Other (specify) ▼  | Vice  | Zip Code<br>19063<br>upation (for Individual)<br>e President of Marketing Senior<br>Year-to-Date ▼<br>2077.02 | Transaction ID : A2023-1924748         Amount of Each Receipt this Period         115.39         Memo Item   |  |  |  |  |  |
| C. Full Name of Individual (Last, First, Mic<br>Pennacchia, Raymond, J, Mr.,<br>Mailing Address 6 Cold Spring Lane   | Date of Receipt   |   |  |  |  |  |  |  |
| Media         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify)   | Vice  | Zip Code<br>19063<br>upation (for Individual)<br>President of Marketing Senior<br>Year-to-Date ▼<br>2192.41   | Amount of Each Receipt this Period          Image: Amount of Each Receipt this Period         Imag |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)  |   |   |  |  |  |  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED RECEIPTS |   |   |  | or each category of the<br>Detailed Summary Page                             |  | 11a       |        | -   | 11b       | _       | 11c<br>15 |          | 12<br>16          | 17 |  |
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|                   | y information copied from such Reports and State<br>for commercial purposes, other than using the nat   |   |  | or the   |  | rpc       | ose of | so  | liciting  |         | ntribu    | tions    | _                 |    |  |
| $\rangle$         | NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PAC   |   |  |  |  |           |        |     |           |         |           |          |                   |    |  |
| Α.                | Full Name of Individual (Last, First, Middle Initial)<br>Pennacchia, Raymond, J, Mr.,<br>Mailing Address 6 Cold Spring Lane                               |   | rgar   |  | Date of Receipt  |           |        |     |           |         |           |          |                   |    |  |
|                   | City<br>Media   | State<br>PA   |  | Zip Code<br>19063  | Transaction ID : A2023-2130231<br>Amount of Each Receipt this Period |           |        |     |           |         |           |          |                   |    |  |
|                   | FEC ID number of contributing federal political committee.  |   |  | Amour  |  |           |        | ece |           | S P     | 115.      | 39       |                   |    |  |
|                   | Name of Employer (for Individual)         Select Medical Corporation         Receipt For:       A         Primary       General         Other (specify) ▼ | ion (for Individual)<br>esident of Marketing Senior<br>r-to-Date ▼<br>2307.80 |  | N  | 1emo   | οI        | Item   |     |           |         |           |          |                   |    |  |
| В.                | Full Name of Individual (Last, First, Middle Initial)<br>Pennacchia, Raymond, J, Mr.,<br>Mailing Address 6 Cold Spring Lane                               | Date of Receipt   |  |  |  |           |        |     |           |         |           |          |                   |    |  |
|                   | City<br>Media   | State<br>PA   | Transaction ID : A2023-2294553<br>Amount of Each Receipt this Period |  |  |           |        |     |           |         |           |          |                   |    |  |
|                   | FEC ID number of contributing federal political committee.  | С   |  |  |  |           |        |     |           |         |           | 115.     | 39                |    |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation   |   | •  | tion (for Individual)<br>esident of Marketing Senior                         |  | Memo Item |        |     |           |         |           |          |                   |    |  |
|                   | Receipt For:       A         Primary       General         Other (specify) ▼  | ggregate  | Yea  | r-to-Date ▼<br>2423.19   |  |           |        |     |           |         |           |          |                   |    |  |
| с.                | Full Name of Individual (Last, First, Middle Initial)<br>Pennacchia, Raymond, J, Mr.,   | or Full O   | rgar   | nization Name  |  | Date c    | of Re  | ec  | eipt      |         |           |          |                   |    |  |
|                   | Mailing Address 6 Cold Spring Lane  |   |  |  |  | 10        |        | /   | D D<br>27 |         | / Y       | 20       | 23                | Y  |  |
|                   | City<br>Media   | State<br>PA   |  | Zip Code<br>19063  |  |           |        |     | on ID :   |         |           |          |                   |    |  |
|                   | FEC ID number of contributing federal political committee.  | С   |  |  | Amount of Each Receipt this Period                                   |           |        |     |           | 115.3   | 39        |          |                   |    |  |
|                   | Primary General   | Vice  | Pre  | ion (for Individual)<br>sident of Marketing Senior<br>r-to-Date ▼<br>2538.58 |  | Ν         | /lemo  | 0   | Item      |         |           |          |                   |    |  |
|                   | UBTOTAL of Receipts This Page (optional)  |   |  |  |  |           | -      | 9   |           | +       | 9         |          | 346. <sup>-</sup> | 17 |  |
| l "               | e inio i onos (luot pago uno inio number only   | ,   |  | ▶  |  |           | -      | - 7 |           | and the | 7         | <b>.</b> | i and             |    |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

| 11                | EMIZED RECEIPTS   |                               | for each cateo<br>Detailed Sum |               | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |
|-------------------|---|-------------------------------|--------------------------------|---------------|---|--|--|--|--|--|--|
|                   | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r |                               |                                |               | erson for the purpose of soliciting contributions   |  |  |  |  |  |  |
| $\setminus$       | NAME OF COMMITTEE (In Full)   |                               |                                |               |   |  |  |  |  |  |  |
| $\langle \rangle$ | Select Medical Corporation PAC  |                               |                                |               |   |  |  |  |  |  |  |
| Α.                | Full Name of Individual (Last, First, Middle Initia<br>Pennacchia, Raymond, J, Mr.,               | al) or Full O                 | rganization Name               | 9             | Date of Receipt   |  |  |  |  |  |  |
|                   | Mailing Address 6 Cold Spring Lane  | 11 / D D / Y Y Y Y<br>11 2023 |                                |               |   |  |  |  |  |  |  |
|                   | City  | State<br>PA                   | Zip Code                       |               | Transaction ID : A2023-2465159  |  |  |  |  |  |  |
|                   | Media   | FA                            | 19063                          |               | Amount of Each Receipt this Period  |  |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.  | С                             |                                |               | 115.39  |  |  |  |  |  |  |
|                   | Name of Employer (for Individual)   | Occ                           | upation (for Indivi            | dual)         | Memo Item   |  |  |  |  |  |  |
|                   | Select Medical Corporation  | Vice                          | President of Mar               | keting Senior |   |  |  |  |  |  |  |
|                   | Receipt For:  | Aggregate                     | Year-to-Date 🔻                 |               |   |  |  |  |  |  |  |
|                   | Primary General   |                               |                                |               |   |  |  |  |  |  |  |
|                   | Other (specify) V   | L                             | -yr                            | 2653.97       |   |  |  |  |  |  |  |
| В.                | Full Name of Individual (Last, First, Middle Initia<br>Pennacchia, Raymond, J, Mr.,               | Date of Receipt               |                                |               |   |  |  |  |  |  |  |
|                   | Mailing Address 6 Cold Spring Lane  | 11 24 YYYYY<br>12023          |                                |               |   |  |  |  |  |  |  |
|                   | City  | State                         | Zip Code                       |               | Transaction ID : A2023-2587506  |  |  |  |  |  |  |
|                   | Media   | PA                            | 19063                          |               | Amount of Each Receipt this Period  |  |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.  | 115.39                        |                                |               |   |  |  |  |  |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                                   | Memo Item                     |                                |               |   |  |  |  |  |  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                     | Year-to-Date ▼                 | 2769.36       |   |  |  |  |  |  |  |
| <u> </u>          | Full Name of Individual (Last, First, Middle Initia<br>Pennacchia, Raymond, J, Mr.,               | al) or Full O                 | rganization Name               | e             | Date of Receipt   |  |  |  |  |  |  |
|                   | Mailing Address 6 Cold Spring Lane  |                               |                                |               | 12 08 2023  |  |  |  |  |  |  |
|                   | City  | State                         | Zip Code                       |               | Transaction ID : A2023-2726341  |  |  |  |  |  |  |
|                   | Media   | PA                            | 19063                          |               | Amount of Each Receipt this Period  |  |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.  | С                             |                                |               | 115.39  |  |  |  |  |  |  |
|                   | Name of Employer (for Individual)   | Occ                           | upation (for Indivi            | dual)         | Memo Item   |  |  |  |  |  |  |
|                   | Select Medical Corporation  |                               | President of Mar               | ,             |   |  |  |  |  |  |  |
|                   | Receipt For:  |                               | Year-to-Date V                 |               |   |  |  |  |  |  |  |
|                   | Primary General   |                               |                                |               |   |  |  |  |  |  |  |
|                   | Other (specify)   | L                             | -yr                            | 2884.75       |   |  |  |  |  |  |  |
| s                 | UBTOTAL of Receipts This Page (optional)  |                               |                                | ••••••        | 346.17  |  |  |  |  |  |  |
| Т                 | OTAL This Period (last page this line number or   | nly)                          |                                | ····· •       |   |  |  |  |  |  |  |

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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|              | TEMIZED RECEIPTS  |               | for each category of the<br>Detailed Summary Page      |                 |  | <b>1</b> 1a                   |      | 11b    | 11c       | 12        |      |  |  |  |  |  |
|--------------|---|---------------|--|-----------------|--|-------------------------------|------|--------|-----------|-----------|------|--|--|--|--|--|
| _            |   |               |  |                 |  | 13                            |      | 14     | 15        | 16        | 17   |  |  |  |  |  |
|              | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r |               |  |                 |  |                               |      |        |           |           |      |  |  |  |  |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)   |               |  |                 |  |                               |      |        |           |           |      |  |  |  |  |  |
|              | Select Medical Corporation PAC  |               |  |                 |  |                               |      |        |           |           |      |  |  |  |  |  |
| Α.           | Full Name of Individual (Last, First, Middle Initia<br>Pennacchia, Raymond, J, Mr.,               | al) or Full O | rganization Name                                       | Date of Receipt |  |                               |      |        |           |           |      |  |  |  |  |  |
|              | Mailing Address 6 Cold Spring Lane  |               |  |                 | 12 / 22 / 2023<br>Transaction ID : A2023-2802106 |                               |      |        |           |           |      |  |  |  |  |  |
|              | City  | State<br>PA   | Zip Code   |                 |  |                               |      |        |           |           |      |  |  |  |  |  |
|              | Media   | PA            | 19063  |                 | -  | Amoun                         | t of | Each   | Receipt t | his Perio | d    |  |  |  |  |  |
|              | FEC ID number of contributing federal political committee.  | С             |  |                 | 115.25   |                               |      |        |           |           |      |  |  |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                   |               | upation (for Individual)<br>President of Marketing Sen | nior            | Memo Item  |                               |      |        |           |           |      |  |  |  |  |  |
|              | Receipt For:  |               | -  | -               |  |                               |      |        |           |           |      |  |  |  |  |  |
|              | Primary       General         Other (specify) ▼   |               |  |                 |  |                               |      |        |           |           |      |  |  |  |  |  |
| В.           | Full Name of Individual (Last, First, Middle Initia<br>Polo, Fabian, E, Mr.,                      |               | Date o   | f Re            | eceipt   |                               |      |        |           |           |      |  |  |  |  |  |
|              | Mailing Address 7915 Glade Hill Ct  |               |  |                 |  |                               |      | 07     |           | 2023      | Y    |  |  |  |  |  |
|              | City  | State         | Zip Code   |                 | 1  | Trans                         | act  | ion ID | : A2023-1 | 1633280   |      |  |  |  |  |  |
|              | Dallas  | TX            | 75218  |                 | Amount of Each Receipt this Period               |                               |      |        |           |           |      |  |  |  |  |  |
|              | FEC ID number of contributing federal political committee.  |               | 115.39   |                 |  |                               |      |        |           |           |      |  |  |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                   |               | upation (for Individual)<br>D/Administrator            |                 | Memo Item  |                               |      |        |           |           |      |  |  |  |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>1615.4€                              | 6               |  |                               |      |        |           |           |      |  |  |  |  |  |
| <u> </u>     | Full Name of Individual (Last, First, Middle Initia<br>Polo, Fabian, E, Mr.,                      | al) or Full O | rganization Name                                       |                 |  | Date o                        | f Re | eceipt |           |           |      |  |  |  |  |  |
|              | Mailing Address 7915 Glade Hill Ct  |               |  |                 |  | Date of Receipt<br>07 21 2023 |      |        |           |           |      |  |  |  |  |  |
|              | City  | State         | Zip Code   |                 |  | Trans                         | sact | ion ID | : A2023-  | 1635723   |      |  |  |  |  |  |
|              | Dallas  | TX            | 75218  |                 |  | Amoun                         | t of | Each   | Receipt t | his Perio | d    |  |  |  |  |  |
|              | FEC ID number of contributing federal political committee.  | С             |  |                 | 115.39   |                               |      |        |           |           |      |  |  |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                   |               | upation (for Individual)<br>//Administrator            |                 | Memo Item  |                               |      |        |           |           |      |  |  |  |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Year-to-Date ▼<br>1730.85                              |                 |  |                               |      |        |           |           |      |  |  |  |  |  |
| F            | UBTOTAL of Receipts This Page (optional)  |               |  | ▶               |  |                               |      | ,      |           | 346       | 5.03 |  |  |  |  |  |
| ΙT           | OTAL This Period (last page this line number or   | nly)          |  | 🕨               |  |                               | 1    | -      |           | _         |      |  |  |  |  |  |

| SCHEDULE A   | (FEC Form | 3X) |
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| 11                                    | TEMIZED RECEIPTS   |  |          | for each category of the<br>Detailed Summary Page |          | 11a                                |       | 11k   | H    | 11c<br>15  | 12          | 17      |  |  |  |  |  |
|---------------------------------------|--|--|----------|---|----------|------------------------------------|-------|-------|------|------------|-------------|---------|--|--|--|--|--|
|                                       | ny information copied from such Reports and Sta<br>for commercial purposes, other than using the |  |          |   |          | for the                            |       | pose  | e of | soliciting | g contrib   | outions |  |  |  |  |  |
| $\left[ \right]$                      | NAME OF COMMITTEE (In Full)  |  |          |   |          |                                    |       |       |      |            |             |         |  |  |  |  |  |
|                                       | Select Medical Corporation PAC   |  |          |   |          |                                    |       |       |      |            |             |         |  |  |  |  |  |
| Α.                                    |  | al) or Full  | Orga     | nization Name                                     |          | Date of Receipt                    |       |       |      |            |             |         |  |  |  |  |  |
|                                       | Mailing Address 7915 Glade Hill Ct   |  |          |   |          | м<br>08                            | И /   | D     | 04   | J L        | 2023        | Y       |  |  |  |  |  |
|                                       | City<br>Dallas   | State<br>TX  |          | Zip Code<br>75218                                 | _        | Transaction ID : A2023-1679331     |       |       |      |            |             |         |  |  |  |  |  |
|                                       |  |  |          | 75210   | _        | Amount of Each Receipt this Period |       |       |      |            |             |         |  |  |  |  |  |
|                                       | FEC ID number of contributing federal political committee.                                       | С  |          |   | 115.39   |                                    |       |       |      |            |             |         |  |  |  |  |  |
|                                       | Name of Employer (for Individual)<br>Select Medical Corporation                                  |  |          | tion (for Individual)<br>dministrator             |          | Memo Item                          |       |       |      |            |             |         |  |  |  |  |  |
| Receipt For: Aggregate Year-to-Date ▼ |  |  |          |   |          |                                    |       |       |      |            |             |         |  |  |  |  |  |
|                                       | Primary General<br>Other (specify) ▼   |  | 10       | 1846.24   |          |                                    |       |       |      |            |             |         |  |  |  |  |  |
| В.                                    | Full Name of Individual (Last, First, Middle Initia<br>Polo, Fabian, E, Mr.,                     |  | Date of  | of Re   | eceip    | pt                                 |       |       |      |            |             |         |  |  |  |  |  |
|                                       | Mailing Address 7915 Glade Hill Ct   |  |          |   |          |                                    |       | D     | 18   | / Y        | y y<br>2023 | Y       |  |  |  |  |  |
|                                       | City   | State  |          | Zip Code  |          | Tran                               | sact  | ion   | ID : | A2023-1    | 885007      |         |  |  |  |  |  |
|                                       | Dallas   | ТХ   |          | 75218   |          | Amoui                              | nt of | Ead   | ch R | eceipt th  | nis Perio   | d       |  |  |  |  |  |
|                                       | FEC ID number of contributing federal political committee.                                       |  | <u> </u> |   | -        |                                    |       | 11    | 5.39 |            |             |         |  |  |  |  |  |
|                                       | Name of Employer (for Individual)<br>Select Medical Corporation                                  | ) Occupation (for Individual)<br>CEO/Administrator |          |   |          |                                    |       |       | m    |            |             |         |  |  |  |  |  |
|                                       | Receipt For:   | Aggregate Year-to-Date ▼                           |          |   |          |                                    |       |       |      |            |             |         |  |  |  |  |  |
|                                       | Primary     General       Other (specify) ▼  |  | ,        | 1961.63   |          |                                    |       |       |      |            |             |         |  |  |  |  |  |
| с.                                    | Full Name of Individual (Last, First, Middle Initia<br>Polo, Fabian, E, Mr.,                     | al) or Full  | Orga     | nization Name                                     |          | Date of                            | of Re | eceip | pt   |            |             |         |  |  |  |  |  |
|                                       | Mailing Address 7915 Glade Hill Ct   |  |          | -   |          | <sup>M</sup> 09                    | И /   | D     | 01   | / Y        | 2023        | Ŷ       |  |  |  |  |  |
|                                       | City   | State  |          | Zip Code  |          | Tran                               | sact  | tion  | ID : | A2023-1    | 1924782     |         |  |  |  |  |  |
|                                       | Dallas   | ТХ   |          | 75218   |          | Amoui                              | nt of | Ead   | ch R | eceipt th  | nis Perio   | d       |  |  |  |  |  |
|                                       | FEC ID number of contributing federal political committee.                                       | С  |          |   |          | <u> </u>                           |       | ,     |      | ,          | 11:         | 5.39    |  |  |  |  |  |
|                                       | Name of Employer (for Individual)  | 0  | ccupa    | tion (for Individual)                             |          | Memo Item                          |       |       |      |            |             |         |  |  |  |  |  |
|                                       | Select Medical Corporation   | c  | EO/Ac    | Iministrator                                      |          |                                    |       |       |      |            |             |         |  |  |  |  |  |
|                                       | Receipt For:   | Aggrega  | ite Yea  | ar-to-Date 🔻                                      |          |                                    |       |       |      |            |             |         |  |  |  |  |  |
|                                       | Other (specify)  |  | 2077.02  | 1   |          |                                    |       |       |      |            |             |         |  |  |  |  |  |
| s                                     | UBTOTAL of Receipts This Page (optional)   |  |          |   | <u> </u> |                                    |       | ,     |      |            | 346         | 6.17    |  |  |  |  |  |
| Т                                     | OTAL This Period (last page this line number of  | nly)   |          | ••••••  | •        | L.                                 |       | -7-   |      |            |             |         |  |  |  |  |  |

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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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

14 13 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 Α. Polo, Fabian, E, Mr., Date of Receipt Mailing Address 7915 Glade Hill Ct 2023 15 09 City State Zip Code Transaction ID : A2023-2037001 Dallas ТΧ 75218 Amount of Each Receipt this Period FEC ID number of contributing С 115.39 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation CEO/Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 2192.41 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Polo, Fabian, E, Mr., Date of Receipt Mailing Address 7915 Glade Hill Ct 09 29 2023 City State Zip Code Transaction ID : A2023-2130266 Dallas ТΧ 75218 Amount of Each Receipt this Period FEC ID number of contributing С 115.39 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CEO/Administrator Select Medical Corporation Receipt For: Aggregate Year-to-Date ▼ Primarv General 2307.80 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Polo, Fabian, E, Mr., С. Date of Receipt Mailing Address 7915 Glade Hill Ct М 2023 10 13 City State Zip Code Transaction ID : A2023-2294528 ТΧ Dallas 75218 Amount of Each Receipt this Period FEC ID number of contributing С 115.39 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CEO/Administrator Select Medical Corporation Receipt For: Aggregate Year-to-Date ▼ Primary General 2423.19 Other (specify) 346.17 SUBTOTAL of Receipts This Page (optional).....

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| SCHEDULE A   | (FEC Form 3X) |
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|                       | TEMIZED RECEIPTS  |               | for each category of the<br>Detailed Summary Page |                                      |                                    |  |      | -                                | 11b    |   | 11c    |   | 12    |   |  |  |  |
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|                       | NAME OF COMMITTEE (In Full)   |               |   |                                      |                                    |  |      |                                  |        |   |        |   |       |   |  |  |  |
| $\left \right\rangle$ | Select Medical Corporation PAC  |               |   |                                      |                                    |  |      |                                  |        |   |        |   |       |   |  |  |  |
| Α.                    | Full Name of Individual (Last, First, Middle Initia<br>Polo, Fabian, E, Mr.,                    | al) or Full C | Organ   | ization Name                         |                                    | Date of Receipt  |      |                                  |        |   |        |   |       |   |  |  |  |
|                       | Mailing Address 7915 Glade Hill Ct  |               |   |                                      |                                    | 10 27 2023<br>Transaction ID : A2023-2353873                         |      |                                  |        |   |        |   |       |   |  |  |  |
|                       | City<br>Dallas  | State<br>TX   |   | Zip Code<br>75218                    |                                    |  |      |                                  |        |   |        |   |       |   |  |  |  |
|                       | FEC ID number of contributing federal political committee.                                      | С             |   |                                      | Amount of Each Receipt this Period |  |      |                                  |        |   |        |   |       |   |  |  |  |
|                       | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | •   | ion (for Individual)<br>ministrator  | Memo Item                          |  |      |                                  |        |   |        |   |       |   |  |  |  |
|                       | Receipt For:<br>Primary General<br>Other (specify) ▼  |               |   |                                      |                                    |  |      |                                  |        |   |        |   |       |   |  |  |  |
| в.                    |   |               |   |                                      |                                    |  |      |                                  | eipt   |   |        |   |       |   |  |  |  |
|                       | Mailing Address 7915 Glade Hill Ct  |               |   |                                      |                                    |  |      | 11 / D D / Y Y Y Y<br>11 10 2023 |        |   |        |   |       |   |  |  |  |
|                       | City<br>Dallas  | State<br>TX   |   | Zip Code<br>75218                    | -                                  | Transaction ID : A2023-2465133<br>Amount of Each Receipt this Period |      |                                  |        |   |        |   |       |   |  |  |  |
|                       | FEC ID number of contributing federal political committee.                                      |               |   |                                      |                                    |  |      |                                  | 115.39 |   |        |   |       |   |  |  |  |
|                       | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | •   | ion (for Individual)<br>Iministrator |                                    | Memo Item  |      |                                  |        |   |        |   |       |   |  |  |  |
|                       | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Yea   | r-to-Date ▼<br>2653.97               |                                    |  |      |                                  |        |   |        |   |       |   |  |  |  |
| <u>с</u> .            | Full Name of Individual (Last, First, Middle Initia<br>Polo, Fabian, E, Mr.,                    | al) or Full C | Organ   | ization Name                         |                                    | Date   | of R | ec                               | eipt   |   |        |   |       |   |  |  |  |
|                       | Mailing Address 7915 Glade Hill Ct  |               |   |                                      |                                    | 11 24 2023   |      |                                  |        |   |        |   |       |   |  |  |  |
|                       | City<br>Dallas  | State<br>TX   |   | Zip Code<br>75218                    |                                    |  |      |                                  |        |   | 2023-2 |   |       | _ |  |  |  |
|                       | FEC ID number of contributing federal political committee.                                      | С             |   |                                      |                                    | Amount of Each Receipt this Period                                   |      |                                  |        |   |        |   |       |   |  |  |  |
|                       | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               |   | ion (for Individual)<br>ministrator  |                                    | Memo Item  |      |                                  |        |   |        |   |       |   |  |  |  |
|                       | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     |   |                                      |                                    |  |      |                                  |        |   |        |   |       |   |  |  |  |
| s                     | UBTOTAL of Receipts This Page (optional)  |               |   | •                                    |                                    | [  | -    |                                  | 7      |   | 9      | - | 346.1 | 7 |  |  |  |
| т                     | OTAL This Period (last page this line number o  | nly)          |   | ••••••                               |                                    | L.,  |      | -                                | ,      | _ |        | _ |       |   |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| IEMIZED RECEIPTS  |   |                 | for each category of the<br>Detailed Summary Page                                   |      | -    | 11a<br>13 |                     | 1 <sup>.</sup> | 1b<br>4            | _      | 11c<br>15                    | 1                              | 2<br>6  | 17  |
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| NAME OF COMMITTEE (In Full) Select Medical Corporation PA   | C   |                 |   |      |      |           |                     |                |                    |        |                              |                                |         |     |
| Full Name of Individual (Last, First, Middle Ini         A.       Polo, Fabian, E, Mr.,         Mailing Address       7915 Glade Hill Ct         City       Dallas         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ | Zip Code<br>75218<br>tion (for Individual)<br>dministrator<br>ar-to-Date ▼<br>2884.75 |                 | [   | moun | sact | ior<br>Ea | 08<br>11D:<br>ach R | A2             | / 023-27           | is Per | 23<br>7 <b>5</b>             | 9                              |         |     |
| Full Name of Individual (Last, First, Middle Ini<br>B. Polo, Fabian, E, Mr.,<br>Mailing Address 7915 Glade Hill Ct  |   | Date of Receipt |   |      |      |           |                     |                |                    |        |                              |                                |         |     |
| City<br>Dallas<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:<br>Primary General<br>Other (specify) ▼  | CEO   | O/A             | Zip Code<br>75218<br>tion (for Individual)<br>dministrator<br>ar-to-Date<br>3000.00 |      |      | moun      |                     | Ea             | ach R              |        | 023-28<br>Bipt thi           | is Per                         |         | 5   |
| Full Name of Individual (Last, First, Middle Ini         Pomeranz, Bruce, , ,         Mailing Address 4714 Gettysburg Rd         City         Mechanicsburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify)          | State<br>PA<br>C  | upat            | Zip Code<br>17055<br>tion (for Individual)  |      | [    | moun      | sact                | tior<br>Ea     | 17<br>17<br>n ID : | A2     | / <b>023-2</b> :<br>eipt thi | 202:<br><b>30193</b><br>is Per | 38      |     |
| SUBTOTAL of Receipts This Page (optional)   |   |                 |   |      | [    |           |                     | y              | -                  |        | 9                            | 32                             | 30.64   | 1   |
| TOTAL This Period (last page this line number   | only)   |                 |   |      | L    |           |                     | 7              |                    |        | -                            |                                | - 10    |     |

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| SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   |                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:     PAGE 204 OF 302       (check only one)     11a       X     11a       11b     11c  |  |  |  |  |  |  |  |  |  |  |  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using t                |                    |   | 13     14     15     16     17       person for the purpose of soliciting contributions       be to solicit contributions from such committee. |  |  |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PA  | AC                 |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle  <br>A. Principe, Adam, , Mr.,<br>Mailing Address 1207 Wings Way | Initial) or Full O | rganization Name  | Date of Receipt  |  |  |  |  |  |  |  |  |  |  |  |
| City<br>Cantonment  | State<br>FL        | Zip Code<br>32533   | 10         27         2023           Transaction ID : A2023-2353875  |  |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С                  |   | Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation   |                    | upation (for Individual)<br>ninistrator                                       | Memo Item  |  |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate          | Year-to-Date ▼<br>230.78  |  |  |  |  |  |  |  |  |  |  |  |  |
| B. Principe, Adam, , Mr.,   |                    |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 1207 Wings Way  | State Zip Code     |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Cantonment<br>FEC ID number of contributing   | FL                 | 32533   | Transaction ID : A2023-2465135<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |  |  |
| federal political committee.  | С                  |   | 115.39   |  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation   |                    | upation (for Individual)<br>ninistrator                                       | Memo Item  |  |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate          | Year-to-Date ▼<br>346.17  |  |  |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle I<br><b>C.</b> Principe, Adam, , Mr.,                            | Initial) or Full O | rganization Name  | Date of Receipt  |  |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 1207 Wings Way  | State              | Zip Code  | 11 24 2023   |  |  |  |  |  |  |  |  |  |  |  |
| Cantonment  | FL                 | 32533   | Transaction ID : A2023-2587542<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С                  |   | 115.39   |  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation   |                    | upation (for Individual)<br>inistrator  | Memo Item  |  |  |  |  |  |  |  |  |  |  |  |
| Receipt For:  | Accrease           | Vear-to-Date 🔻  | —  |  |  |  |  |  |  |  |  |  |  |  |

Aggregate Year-to-Date ▼

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

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461.56

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Primary

Other (specify)

General

346.17

1.000

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

FOR LINE NUMBER:

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PAGE 205 OF

| 11                |   |  |                                  | for each category of the<br>Detailed Summary Page |           |   |       | 11   | 1b<br>4 | 11c        | 12      |       | 17  |  |  |  |
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|                   | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |  |                                  |   |           |   |       | rpos | se of   | solicitin  | g contr | ibuti | ons |  |  |  |
| $\left[ \right]$  | NAME OF COMMITTEE (In Full)   |  |                                  |   |           |   |       |      |         |            |         |       |     |  |  |  |
| $\langle \rangle$ | Select Medical Corporation PAC  | ;  |                                  |   |           |   |       |      |         |            |         |       |     |  |  |  |
| Α.                | Full Name of Individual (Last, First, Middle Initia<br>Principe, Adam, , Mr.,                   | al) or Full  | Orga                             | nization Name                                     |           | Date of Receipt   |       |      |         |            |         |       |     |  |  |  |
|                   | Mailing Address 1207 Wings Way  | Ctoto  |                                  | Zin Code  |           | 12  |       |      | 08      | JL         | 2023    | 3     | Y   |  |  |  |
|                   | City<br>Cantonment  | State<br>FL  |                                  | Zip Code<br>32533                                 | -         | Transaction ID : A2023-2726377 Amount of Each Receipt this Period |       |      |         |            |         |       |     |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                      | С  |                                  |   | 115.39    |   |       |      |         |            |         |       |     |  |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                                 |  | ccupa<br>dminis                  | tion (for Individual)<br>strator                  |           | Memo Item   |       |      |         |            |         |       |     |  |  |  |
|                   | Receipt For: Aggregate Year-to-Date ▼   |  |                                  |   |           |   |       |      |         |            |         |       |     |  |  |  |
|                   | Primary General<br>Other (specify) ▼  |  | -                                | 576.95  |           |   |       |      |         |            |         |       |     |  |  |  |
| в.                | Full Name of Individual (Last, First, Middle Initia<br>Principe, Adam, , Mr.,                   |  | Date of                          | of Re   | ece       | eipt  |       |      |         |            |         |       |     |  |  |  |
|                   | Mailing Address 1207 Wings Way  |  |                                  |   |           |   |       | ′    | 22      | ) / Y      | 2023    |       | Y   |  |  |  |
|                   | City  | State  |                                  | Zip Code  |           | Tran  | sact  | ion  | DID :   | A2023-2    | 280214  | 2     |     |  |  |  |
|                   | Cantonment  | FL   |                                  | 32533   |           | Amou  | nt of | Ea   | ach F   | Receipt t  | his Per | iod   |     |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                      | s and the second se |                                  |   |           |   |       |      |         |            | 1       | 15.3  | 9   |  |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                                 |  | tion (for Individual)<br>strator |   | Memo Item |   |       |      |         |            |         |       |     |  |  |  |
|                   | Receipt For:  | Aggregate Year-to-Date ▼   |                                  |   |           |   |       |      |         |            |         |       |     |  |  |  |
|                   | Primary General<br>Other (specify) ▼  |  | ,                                | 692.34  |           |   |       |      |         |            |         |       |     |  |  |  |
| с.                | Full Name of Individual (Last, First, Middle Initia<br>Pyles, Kimberly, , ,                     | al) or Full  | Orga                             | nization Name                                     |           | Date (  | of Re | ece  | eipt    |            |         |       |     |  |  |  |
|                   | Mailing Address 4714 Gettysburg Rd  |  |                                  |   |           | <sup>M</sup> 07   | VI /  | ′    | 07      | D / Y      | 2023    |       | Ŷ   |  |  |  |
|                   | City  | State  |                                  | Zip Code  |           | Tran  | sact  | tior | n ID :  | A2023-     | 163328  | 8     |     |  |  |  |
|                   | Mechanicsburg   | PA   |                                  | 17055   | _         | Amou  | nt of | Ea   | ach F   | Receipt t  | his Per | iod   |     |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                      | С  |                                  |   |           |   |       | y    |         | , <u>,</u> | 1       | 15.3  | 8   |  |  |  |
|                   | Name of Employer (for Individual)   | 00   | ccupa                            | tion (for Individual)                             |           | Memo Item   |       |      |         |            |         |       |     |  |  |  |
|                   | Select Medical Corporation  | E>   | /e                               |   |           |   |       |      |         |            |         |       |     |  |  |  |
|                   | Receipt For:  | Aggregat   |                                  |   |           |   |       |      |         |            |         |       |     |  |  |  |
|                   | Other (specify)   |  | -                                | 1615.32   |           |   |       |      |         |            |         |       |     |  |  |  |
| s                 | UBTOTAL of Receipts This Page (optional)  |  |                                  | ······  | •<br>•    |   |       | y    |         | . ,        | 34      | 46.10 | 6   |  |  |  |
| т                 | OTAL This Period (last page this line number o  | nly)   |                                  | •   | •         |   |       | -7   |         |            |         | -     |     |  |  |  |

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| SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page   | FOR LINE NUMBER:         PAGE 206 OF 302           (check only one)         11a           11a         11b         11c         12           13         14         15         16         17 |
| Any information copied from such Reports and<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PA | he name and address of any political commit                                     | person for the purpose of soliciting contributions tee to solicit contributions from such committee.  |
| Full Name of Individual (Last, First, Middle II<br>A. Pyles, Kimberly, , ,<br>Mailing Address 4714 Gettysburg Rd   |   | Date of Receipt   |
| City<br>Mechanicsburg  | StateZip CodePA17055  | Transaction ID : A2023-1635731           Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C   | 115.38  |
| Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼                | Occupation (for Individual)<br>Executive<br>Aggregate Year-to-Date ▼<br>1730.70 | Memo Item   |
| Full Name of Individual (Last, First, Middle In<br>B. Pyles, Kimberly, , ,<br>Mailing Address 4714 Gettysburg Rd   | nitial) or Full Organization Name   | Date of Receipt   |
| City<br>Mechanicsburg  | State Zip Code<br>PA 17055  | Transaction ID : A2023-1679339  |
| FEC ID number of contributing federal political committee.   | C   | Amount of Each Receipt this Period  |
| Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:  | Occupation (for Individual)<br>Executive  | Memo Item   |
| Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>1846.08   |   |
| C. Full Name of Individual (Last, First, Middle In<br>Pyles, Kimberly, , ,<br>Mailing Address 4714 Gettysburg Rd   | nitial) or Full Organization Name   | Date of Receipt   |
| City<br>Mechanicsburg  | State Zip Code<br>PA 17055  | Transaction ID : A2023-1885015  |
| FEC ID number of contributing federal political committee.   | C   | Amount of Each Receipt this Period  |
| Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:  | Occupation (for Individual)<br>Executive  | Memo Item   |

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Primary

Other (specify)

General

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| SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS                                    |                    |                                    |  |
| Select Medical Corporation PA  |                    |                                    |  |
| Full Name of Individual (Last, First, Middle I<br>A. Pyles, Kimberly, , ,        | nitial) or Full Or | ganization Name                    | Date of Receipt  |
| Mailing Address 4714 Gettysburg Rd   | State              | Zip Code                           | M M / D D / Y Y Y Y<br>09 01 2023<br>Transaction ID : A2023-1924790  |
| Mechanicsburg  | PA                 | 17055                              | Amount of Each Receipt this Period                                   |
| FEC ID number of contributing federal political committee.                       | C                  |                                    | 115.38   |
| Name of Employer (for Individual)<br>Select Medical Corporation                  |                    | pation (for Individual)<br>cutive  | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                             | Aggregate          | Year-to-Date ▼<br>2076.84          | ]  |
| Full Name of Individual (Last, First, Middle I<br>B. Pyles, Kimberly, , ,        | nitial) or Full Or | ganization Name                    | Date of Receipt  |
| Mailing Address 4714 Gettysburg Rd   |                    |                                    | 09 15 / Y Y Y Y<br>2023  |
| City<br>Mechanicsburg  | State<br>PA        | Zip Code<br>17055                  | Transaction ID : A2023-2037009<br>Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                       | С                  |                                    | 115.38   |
| Name of Employer (for Individual)<br>Select Medical Corporation                  |                    | ipation (for Individual)<br>cutive | Memo Item  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                             | Aggregate          | Year-to-Date ▼<br>, 2192.22        | ]  |
| Full Name of Individual (Last, First, Middle I<br><b>C.</b> Pyles, Kimberly, , , | nitial) or Full Or | ganization Name                    | Date of Receipt  |
| Mailing Address 4714 Gettysburg Rd   |                    |                                    | 09 / D D / Y Y Y Y<br>2023   |
| City<br>Mechanicsburg  | State<br>PA        | Zip Code<br>17055                  | Transaction ID : A2023-2130274 Amount of Each Receipt this Period    |
| FEC ID number of contributing federal political committee.                       | С                  |                                    | 115.38   |
| Name of Employer (for Individual)  | Осси               | pation (for Individual)            | Memo Item  |

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|   |        |   |   |       |      |   | 24 | 6 4 4 | - |
| SUBTOTAL of Receipts This Page (optional)     | •••••• |   | _ | <br>y | <br> | 7 |    | 6.14  |   |
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2307.60

100

Executive

Aggregate Year-to-Date ▼

Select Medical Corporation

Other (specify)

General

Receipt For:

Primary

|           | <b>5</b>   |               |   |   |  |  |  |  |  |  |  |  |  |  |  |
|-----------|--|---------------|---|---|--|--|--|--|--|--|--|--|--|--|--|
|           | CHEDULE A (FEC Form 3X)<br>EMIZED RECEIPTS   |               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 208 OF 302           (check only one)         X           11a         11b         11c         12           13         14         15         16         17   |  |  |  |  |  |  |  |  |  |  |  |
|           | y information copied from such Reports and St<br>for commercial purposes, other than using the |               |   | erson for the purpose of soliciting contributions   |  |  |  |  |  |  |  |  |  |  |  |
| $\square$ | NAME OF COMMITTEE (In Full)  |               |   |   |  |  |  |  |  |  |  |  |  |  |  |
|           | Select Medical Corporation PAC   | ;             |   |   |  |  |  |  |  |  |  |  |  |  |  |
| ~         | Full Name of Individual (Last, First, Middle Initi   | al) or Full O | rganization Name  | Data of Respirit  |  |  |  |  |  |  |  |  |  |  |  |
| Α.        | Pyles, Kimberly, , ,<br>Mailing Address 4714 Gettysburg Rd                                     |               |   | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |  |
|           |  | 0             | Zin Oada  | 10 13 2023  |  |  |  |  |  |  |  |  |  |  |  |
|           | City<br>Mechanicsburg  | State<br>PA   | Zip Code<br>17055   | Transaction ID : A2023-2294537<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.                                     | С             |   | 115.38  |  |  |  |  |  |  |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation                                |               | upation (for Individual)<br>cutive  | Memo Item   |  |  |  |  |  |  |  |  |  |  |  |
|           | Receipt For:   | Aggregate     | Year-to-Date <b>V</b>   |   |  |  |  |  |  |  |  |  |  |  |  |
|           | Other (specify) ▼  |               | 2422.98   |   |  |  |  |  |  |  |  |  |  |  |  |
| _         | Full Name of Individual (Last, First, Middle Initi<br>Pyles, Kimberly, , ,                     | al) or Full O | rganization Name  | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |  |
| ь.        | Mailing Address 4714 Gettysburg Rd   |               |   | M         M         /         D         D         /         Y |  |  |  |  |  |  |  |  |  |  |  |
|           | City   | State         | Zip Code  |   |  |  |  |  |  |  |  |  |  |  |  |
|           | Mechanicsburg<br>FEC ID number of contributing   | PA            | 17055   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |  |  |
|           | federal political committee.   | С             |   | 115.38  |  |  |  |  |  |  |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation                                |               | upation (for Individual)<br>cutive  | Memo Item   |  |  |  |  |  |  |  |  |  |  |  |
|           | Receipt For:   | Aggregate     | Year-to-Date <b>V</b>   |   |  |  |  |  |  |  |  |  |  |  |  |
|           | Primary General<br>Other (specify) ▼   |               | 2538.36   |   |  |  |  |  |  |  |  |  |  |  |  |
| с.        | Full Name of Individual (Last, First, Middle Initi<br>Pyles, Kimberly, , ,                     | al) or Full O | rganization Name  | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |  |
|           | Mailing Address 4714 Gettysburg Rd   |               |   | 11 10 / Y Y Y Y<br>2023   |  |  |  |  |  |  |  |  |  |  |  |
|           | City<br>Mechanicsburg  | State<br>PA   | Zip Code<br>17055   | Transaction ID : A2023-2465142<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.                                     | С             |   | 115.38  |  |  |  |  |  |  |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation                                |               | upation (for Individual)<br>cutive  | Memo Item   |  |  |  |  |  |  |  |  |  |  |  |
|           | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate     | Year-to-Date ▼<br>2653.74   |   |  |  |  |  |  |  |  |  |  |  |  |

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| SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   |                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 209 OF 302           (check only one)         11a           11a         11b           13         14           15         16           17 |
| Any information copied from such Reports and<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PA          | ne name and a     |   | e to solicit contributions from such committee.  |
| Full Name of Individual (Last, First, Middle I<br>A. Pyles, Kimberly, , ,<br>Mailing Address 4714 Gettysburg Rd   | nitial) or Full C | Drganization Name   | Date of Receipt  |
| City<br>Mechanicsburg   | State<br>PA       | Zip Code<br>17055   | Transaction ID : A2023-2587549 Amount of Each Receipt this Period  |
| FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:                          | Exe               | cupation (for Individual)<br>ecutive<br>e Year-to-Date ▼<br>2769.12           | Memo Item  |
| Full Name of Individual (Last, First, Middle I<br>B. Pyles, Kimberly, , ,<br>Mailing Address 4714 Gettysburg Rd<br>City<br>Mechanicsburg<br>FEC ID number of contributing | State<br>PA       | Zip Code<br>17055   | Date of Receipt<br>12<br>Transaction ID : A2023-2726384<br>Amount of Each Receipt this Period  |
| receipt For:  | Exe               | cupation (for Individual)<br>ecutive<br>e Year-to-Date ▼<br>2884.50           |  |
| Full Name of Individual (Last, First, Middle I<br>Pyles, Kimberly, , ,<br>Mailing Address 4714 Gettysburg Rd  | nitial) or Full C | Drganization Name   | Date of Receipt<br>12 22 2023<br>Transaction ID : A2023-2802149  |
| Mechanicsburg<br>FEC ID number of contributing<br>federal political committee.  | C                 | 17055   | Amount of Each Receipt this Period   |
| Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify)                           | Exe               | evupation (for Individual)<br>ecutive<br>9 Year-to-Date ▼<br>2999.88          | Memo Item  |

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|     | CHEDULE A (FEC Form 3X)<br>EMIZED RECEIPTS  |                  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | -   |                 | PAGE 210 OF 302               |  |  |  |  |  |  |  |
|     | y information copied from such Reports and S<br>for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)  |                  |   |     |                 |                               |  |  |  |  |  |  |  |
|     | Select Medical Corporation PA   | С                |   |     |                 |                               |  |  |  |  |  |  |  |
| Α.  | Full Name of Individual (Last, First, Middle In<br>Radford, Jeffrey, A, ,<br>Mailing Address 15413 Monticello Drive   | itial) or Full C | Organization Name   | М   | Date of Receipt |                               |  |  |  |  |  |  |  |
|     | City  | State            | Zip Code  |     |                 | : A2023-1633269               |  |  |  |  |  |  |  |
|     | Bristol   | VA               | 24202   |     |                 | Receipt this Period           |  |  |  |  |  |  |  |
|     | FEC ID number of contributing federal political committee.  | С                |   |     |                 | 115.39                        |  |  |  |  |  |  |  |
|     | Name of Employer (for Individual)   | Occ              | upation (for Individual)  |     | Memo Item       |                               |  |  |  |  |  |  |  |
|     | Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼   |                  | ninistrator<br>Year-to-Date ▼<br>1615.46                                      |     |                 |                               |  |  |  |  |  |  |  |
| В.  | Radford, Jeffrey, A, ,         Mailing Address 15413 Monticello Drive         City         Bristol         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For: | Adr              | Zip Code<br>24202   |     |                 |                               |  |  |  |  |  |  |  |
|     | Primary General<br>Other (specify) ▼<br>Full Name of Individual (Last, First, Middle In   |                  | , 1730.85   |     |                 |                               |  |  |  |  |  |  |  |
| C.  | Radford, Jeffrey, A, ,<br>Mailing Address 15413 Monticello Drive  |                  |   | М   | e of Receipt    |                               |  |  |  |  |  |  |  |
|     | City  | State            | Zip Code  | Tr  | ansaction ID    | : A2023-1679320               |  |  |  |  |  |  |  |
|     | Bristol<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)   | C                | 24202   | Amo | ount of Each I  | Receipt this Period<br>115.39 |  |  |  |  |  |  |  |
|     | Select Medical Corporation  |                  | ninistrator   |     |                 |                               |  |  |  |  |  |  |  |
|     | Receipt For:<br>Primary General<br>Other (specify)  |                  | Year-to-Date ▼<br>1846.24   |     |                 |                               |  |  |  |  |  |  |  |

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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

FOR LINE NUMBER:

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|           |  |  |      | for each category of the<br>Detailed Summary Page |   | -               |       | 11    | - F   | 11c                  |      | 12    |      |    |  |
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|           | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n |  |      |   |   |                 |       |       | se of |                      |      |       | ions | 17 |  |
|           | NAME OF COMMITTEE (In Full)  | anie anu a                                   | luur | ess of any political committee                    | : 10 50   |                 |       | Julio |       | IOIII SUCI           | 1 00 |       |      |    |  |
| $\rangle$ | Select Medical Corporation PAC   |  |      |   |   |                 |       |       |       |                      |      |       |      |    |  |
| Α.        | Full Name of Individual (Last, First, Middle Initial Radford, Jeffrey, A, ,                        | l) or Full O                                 | )rga | nization Name                                     | _   | Date o          | of Re | ecei  | ipt   |                      |      |       |      |    |  |
|           | Mailing Address 15413 Monticello Drive   | State  |      | Zin Code  |   | 08              |       | L     | 18    | / Y                  | 20   | 023   | Y    |    |  |
|           | City<br>Bristol  | State<br>VA                                  |      | Zip Code<br>24202                                 |   |                 |       |       |       | A2023-1<br>eceipt th |      |       |      |    |  |
|           | FEC ID number of contributing federal political committee.   | С  |      |   |   | Amoui           |       | La    |       |                      | 15 F | 115.3 | 39   |    |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation                                    |  | •    | tion (for Individual)<br>strator                  |   | N               | /lemo | o Ite | em    |                      |      |       |      |    |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                                    | Yea  | ar-to-Date ▼<br>1961.63                           |   |                 |       |       |       |                      |      |       |      |    |  |
| в.        | Full Name of Individual (Last, First, Middle Initial Radford, Jeffrey, A, ,                        | l) or Full O                                 | rga  | nization Name                                     |   | Date of         | of Re | ecei  | ipt   |                      |      |       |      |    |  |
|           | Mailing Address 15413 Monticello Drive   |  |      |   |   | <sup>™</sup> 09 | /     |       | 01    | / Y                  |      | )23   | Y    |    |  |
|           | City<br>Bristol  | State<br>VA                                  |      | Zip Code<br>24202                                 | Transaction ID : A2023-1924771           Amount of Each Receipt this Period |                 |       |       |       |                      |      |       |      |    |  |
|           | FEC ID number of contributing federal political committee.   | 115.39                                       |      |   |   |                 |       |       |       |                      |      |       |      |    |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation                                    |  |      | tion (for Individual)<br>strator                  |   | N               | /lemo | o Ite | em    |                      |      |       |      |    |  |
|           | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                                    | Yea  | ar-to-Date ▼<br>2077.02                           |   |                 |       |       |       |                      |      |       |      |    |  |
| C.        | Full Name of Individual (Last, First, Middle Initial Radford, Jeffrey, A, ,                        | l) or Full O                                 | rga  | nization Name                                     |   | Date of         | of Re | ecei  | ipt   |                      |      |       |      |    |  |
|           | Mailing Address 15413 Monticello Drive   |  |      |   |   | 09              | л /   | /     | D 15  | / Y                  |      | )23   | Y    |    |  |
|           | City<br>Bristol  | State<br>VA                                  |      | Zip Code<br>24202                                 |   |                 |       |       |       | A2023-2<br>eceipt th |      |       |      |    |  |
|           | FEC ID number of contributing federal political committee.   | С  |      |   |   | <u> </u>        |       | ŋ     |       |                      | _    | 115.3 | 39   |    |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation                                    | Occupation (for Individual)<br>Administrator |      |   |   |                 |       |       | em    |                      |      |       |      |    |  |
|           | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                                    | Yea  | ar-to-Date ▼<br>2192.41                           |   |                 |       |       |       |                      |      |       |      |    |  |
| s         | UBTOTAL of Receipts This Page (optional)   |  |      |   |   |                 |       | ,     |       |                      |      | 346.1 | 7    | ]  |  |
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| Im | age# 202404159627893808   |                   |   |   |
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|    | CHEDULE A (FEC Form 3X)<br>EMIZED RECEIPTS  |                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 212 OF 302           (check only one)         11a           11a         11b                             |
|    |   | e name and a      |   | 13     14     15     16     17       berson for the purpose of soliciting contributions to solicit contributions from such committee. |
| Α. | Full Name of Individual (Last, First, Middle In<br>Radford, Jeffrey, A, ,<br>Mailing Address 15413 Monticello Drive   | nitial) or Full C | Organization Name   | Date of Receipt   |
|    | City<br>Bristol   | State<br>VA       | Zip Code<br>24202   | Transaction ID : A2023-2130255  |
|    | FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:                      | C<br>Occ<br>Adr   | upation (for Individual)<br>ninistrator<br>Year-to-Date ▼                     | Amount of Each Receipt this Period  115.39  Memo Item   |
|    | Primary General<br>Other (specify) ▼<br>Full Name of Individual (Last, First, Middle In   |                   | 2307.80   | ]   |
| В. | Radford, Jeffrey, A, ,         Mailing Address 15413 Monticello Drive         City         Bristol         FEC ID number of contributing federal political committee. | State<br>VA<br>C  | Zip Code<br>24202   | Date of Receipt Date of Receipt 10 13 2023 Transaction ID : A2023-2294517 Amount of Each Receipt this Period 115.39                   |
|    | Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼                     | Adı               | eupation (for Individual)<br>ministrator<br>Year-to-Date ▼<br>2423.19         | Memo Item   |
| C. | Full Name of Individual (Last, First, Middle In<br>Radford, Jeffrey, A, ,<br>Mailing Address 15413 Monticello Drive   | hitial) or Full C | Drganization Name   | Date of Receipt<br>10 27 2023<br>Transaction ID : A2023-2353862   |
|    | Bristol<br>FEC ID number of contributing<br>federal political committee.  | C                 | 24202   | Amount of Each Receipt this Period  |
|    | Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify)                       | Adn               | upation (for Individual)<br>ninistrator<br>Year-to-Date ▼<br>2538.58          | Memo Item   |

| Ima       | ge# 202404159627893809   |                                |   |  |  |  |  |  |  |  |  |  |  |
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|           | HEDULE A (FEC Form 3X)<br>MIZED RECEIPTS   |                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 213 OF 302           (check only one)         11a           11a         11b           13         14           15         16           17 |  |  |  |  |  |  |  |  |  |
|           |  |                                |   | person for the purpose of soliciting contributions<br>be to solicit contributions from such committee.   |  |  |  |  |  |  |  |  |  |
|           | NAME OF COMMITTEE (In Full)  |                                |   |  |  |  |  |  |  |  |  |  |  |
|           | Select Medical Corporation PA  |                                |   |  |  |  |  |  |  |  |  |  |  |
| -         | Full Name of Individual (Last, First, Middle In<br>Radford, Jeffrey, A, ,  | itial) or Full C               | Organization Name   | Data of Respirit   |  |  |  |  |  |  |  |  |  |
| <b>A.</b> | Mailing Address 15413 Monticello Drive   |                                |   | Date of Receipt  |  |  |  |  |  |  |  |  |  |
| -         |  | State                          | Zin Codo  | 11 10 2023   |  |  |  |  |  |  |  |  |  |
| ,         | City<br>Bristol  | VA                             | Zip Code<br>24202   | Transaction ID : A2023-2465182<br>Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.   | С                              |   | 115.39   |  |  |  |  |  |  |  |  |  |
| Ī         | Name of Employer (for Individual)  | Occ                            | cupation (for Individual)   | Memo Item  |  |  |  |  |  |  |  |  |  |
|           | Select Medical Corporation   | Adr                            | ministrator   |  |  |  |  |  |  |  |  |  |  |
|           | Receipt For:   | Aggregate                      | e Year-to-Date ▼  |  |  |  |  |  |  |  |  |  |  |
|           | Other (specify)  |                                | 2653.97   |  |  |  |  |  |  |  |  |  |  |
| B         | Full Name of Individual (Last, First, Middle In<br>Radford, Jeffrey, A, ,<br>Mailing Address 15413 Monticello Drive<br>City<br>Bristol<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For: | State<br>VA<br>C<br>Occ<br>Adu | Zip Code<br>24202<br>cupation (for Individual)<br>ministrator                 | Date of Receipt  |  |  |  |  |  |  |  |  |  |
|           | Primary General<br>Other (specify) ▼   |                                | e Year-to-Date ▼<br>2769.36   |  |  |  |  |  |  |  |  |  |  |
| С.        | Full Name of Individual (Last, First, Middle In Radford, Jeffrey, A, ,   | itial) or Full C               | Organization Name   | Date of Receipt  |  |  |  |  |  |  |  |  |  |
| l         | Mailing Address 15413 Monticello Drive   |                                |   | 12 08 2023   |  |  |  |  |  |  |  |  |  |
|           | City<br>Bristol  | State<br>VA                    | Zip Code<br>24202   | Transaction ID : A2023-2726364   |  |  |  |  |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.   | C                              |   | Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation  |                                | cupation (for Individual)<br>ministrator                                      | Memo Item  |  |  |  |  |  |  |  |  |  |
| Ī         | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                      | e Year-to-Date ▼<br>2884.75   | 1  |  |  |  |  |  |  |  |  |  |

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| SCHEDULE A   | (FEC  | Form | 3X) |
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|            |   | Use separate schedule(s) |                     |  |                                    | (check only one) |      |           |                  |        |                  |          |    |  |  |
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| 11         | EMIZED RECEIPTS   |                          |                     | each category of the<br>ailed Summary Page |                                    | X 11a            |      | 11b<br>14 | 11c              |        | 12<br>16         | <b>1</b> | 7  |  |  |
|            | ny information copied from such Reports and St<br>for commercial purposes, other than using the |                          |                     |  |                                    | for the          |      | pose of   | f soliciti       |        | ntribut          | ions     |    |  |  |
|            | NAME OF COMMITTEE (In Full)   |                          |                     |  |                                    |                  |      |           |                  |        |                  |          | _  |  |  |
|            | Select Medical Corporation PAC  | )                        |                     |  |                                    |                  |      |           |                  |        |                  |          |    |  |  |
| Α.         | Full Name of Individual (Last, First, Middle Initi<br>Radford, Jeffrey, A, ,                    | ial) or Full O           | rganiza             | ation Name                                 |                                    | Date o           | f Re | eceipt    |                  |        |                  |          |    |  |  |
|            | Mailing Address 15413 Monticello Drive  |                          |                     |  |                                    | <sup>M</sup> 12  | /    | D<br>22   |                  |        | 023              | Y        |    |  |  |
|            | City<br>Bristol   | State<br>VA              |                     | p Code<br>24202                            | _                                  |                  |      |           | A2023<br>Receipt |        |                  | _        |    |  |  |
|            | FEC ID number of contributing federal political committee.                                      | С                        |                     |  |                                    | [.               |      |           |                  |        | 115.2            | 25       | ]  |  |  |
|            | Name of Employer (for Individual)<br>Select Medical Corporation                                 |                          | upation<br>ninistra | (for Individual)<br>tor                    |                                    | М                | emo  | o Item    |                  |        |                  |          |    |  |  |
|            | Receipt For:  | Aggregate                | Year-to             | o-Date ▼                                   |                                    |                  |      |           |                  |        |                  |          |    |  |  |
|            | Primary General<br>Other (specify) ▼  |                          | -                   | 3000.00                                    |                                    |                  |      |           |                  |        |                  |          |    |  |  |
| в.         | Full Name of Individual (Last, First, Middle Initi<br>Rhodes, Chandelle, L, Ms.,                | ial) or Full O           | rganiza             | ation Name                                 |                                    | Date o           | f Re | eceipt    |                  |        |                  |          | _  |  |  |
| -          | Mailing Address 20528 Lagoona Drive   | 07 07 / Y Y Y Y<br>2023  |                     |  |                                    |                  |      |           |                  |        |                  |          |    |  |  |
|            | City  | State<br>NC              |                     | p Code                                     | Transaction ID : A2023-1633        |                  |      |           |                  |        |                  |          |    |  |  |
|            | Cornelius   |                          | 2                   | 28031                                      | Amount of Each Receipt this Period |                  |      |           |                  |        |                  |          |    |  |  |
|            | FEC ID number of contributing federal political committee.                                      | С                        |                     |  |                                    | Ľ.               |      |           |                  |        | 115.3            | 9        | I. |  |  |
|            | Name of Employer (for Individual)<br>Select Medical Corporation                                 |                          | upatior<br>Presi    | ı (for Individual)<br>dent                 |                                    | M                | emo  | o Item    |                  |        |                  |          |    |  |  |
|            | Receipt For:  | Aggregate                |                     |  |                                    |                  |      |           |                  |        |                  |          |    |  |  |
|            | Primary General<br>Other (specify) ▼  |                          | <b>,</b> .          | 1615.46                                    |                                    |                  |      |           |                  |        |                  |          |    |  |  |
| <u>с</u> . | Full Name of Individual (Last, First, Middle Initi<br>Rhodes, Chandelle, L, Ms.,                | ial) or Full O           | rganiza             | ation Name                                 |                                    | Date o           | f Re | eceipt    |                  |        |                  |          |    |  |  |
|            | Mailing Address 20528 Lagoona Drive   |                          |                     |  |                                    | 07               | 1    | 21        |                  |        | )23 <sup>°</sup> | Y        |    |  |  |
|            | City  | State<br>NC              |                     | p Code                                     |                                    | Trans            | sact | ion ID    | A2023            | -1635  | 707              |          |    |  |  |
|            | Cornelius   | INC                      |                     | 28031                                      | -                                  | Amoun            | t of | Each F    | Receipt          | this F | Period           |          |    |  |  |
|            | FEC ID number of contributing federal political committee.                                      | С                        |                     |  |                                    | Ľ.               |      | y         |                  |        | 115.3            | 9        | l  |  |  |
|            | Name of Employer (for Individual)<br>Select Medical Corporation                                 |                          | upation<br>Presid   | (for Individual)<br>ent                    |                                    | M                | lem  | o Item    |                  |        |                  |          |    |  |  |
|            | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                | Year-to             | D-Date ▼<br>1730.85                        |                                    |                  |      |           |                  |        |                  |          |    |  |  |
| s          | UBTOTAL of Receipts This Page (optional)  |                          |                     | •  | <br>-                              | ļ.               | -    | , ,       |                  |        | 346.0            | 3        | Į  |  |  |

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| SCHEDULE A   | (FEC Form 3X) |
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|   | •                              | Use separate schedule(s)<br>for each category of the                      | (check only one)  |  |  |  |  |  |  |  |  |  |
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|   |                                | Detailed Summary Page   |   |  |  |  |  |  |  |  |  |  |
| Any information copied from such Reports and<br>or for commercial purposes, other than using<br>NAME OF COMMITTEE (In Full) | d Statements mather name and a | I<br>ay not be sold or used by any p<br>Iddress of any political committe | 13     14     15     16     17       verson for the purpose of soliciting contributions       e to solicit contributions from such committee.   |  |  |  |  |  |  |  |  |  |
| Select Medical Corporation P  | AC                             |   |   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br><b>A.</b> Rhodes, Chandelle, L, Ms.,  | Initial) or Full C             | rganization Name  | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Mailing Address 20528 Lagoona Drive   |                                |   | M         /         D         D         /         Y |  |  |  |  |  |  |  |  |  |
| City<br>Cornelius   | State<br>NC                    | Zip Code<br>28031   | Transaction ID : A2023-1679315<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С                              |   | 115.39  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation   |                                | upation (for Individual)<br>President                                     | Memo Item   |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                      | Year-to-Date  1846.24   | ]   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle <b>B.</b> Rhodes, Chandelle, L, Ms.,   | Initial) or Full C             | organization Name   | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Mailing Address 20528 Lagoona Drive   |                                |   | 08 18 2023  |  |  |  |  |  |  |  |  |  |
| City<br>Cornelius   | State<br>NC                    | Zip Code<br>28031   | Transaction ID : A2023-1884991<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С                              |   | 115.39  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation   |                                | upation (for Individual)<br>e President                                   | Memo Item   |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                      | Year-to-Date ▼<br>1961.63   | ]   |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Rhodes, Chandelle, L, Ms.,   | Initial) or Full C             | organization Name   | Date of Receipt   |  |  |  |  |  |  |  |  |  |
| Mailing Address 20528 Lagoona Drive   | I                              |   | 09 / 01 / Y Y Y Y<br>2023   |  |  |  |  |  |  |  |  |  |
| City<br>Cornelius   | State<br>NC                    | Zip Code<br>28031   | Transaction ID : A2023-1924766<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С                              |   | 115.39  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation   |                                | upation (for Individual)<br>President                                     | Memo Item   |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                      | Year-to-Date ▼<br>2077.02   | ]   |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   |                                |   | 346.17  |  |  |  |  |  |  |  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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|              |   |                  |       | Detailed Summary Page            |        | <b>(</b> 11a                                  |      |      | 11b     | 11c     |         | 12     |   |  |  |
|--------------|---|------------------|-------|----------------------------------|--------|---|------|------|---------|---------|---------|--------|---|--|--|
|              |   |                  |       | ,                                |        | n for the purpose of soliciting contributions | 17   |      |         |         |         |        |   |  |  |
|              |   |                  |       |                                  |        |   |      |      |         |         |         |        |   |  |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)   |                  |       |                                  |        |   |      |      |         |         |         |        |   |  |  |
|              | Detailed         ny information copied from such Reports and Statements may not be so for commercial purposes, other than using the name and address of an NAME OF COMMITTEE (In Full)         Select Medical Corporation PAC         Full Name of Individual (Last, First, Middle Initial) or Full Organization I Rhodes, Chandelle, L, Ms.,         Mailing Address 20528 Lagoona Drive         City       State         Cornelius       C         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)       Occupation (for Vice President)         Select Medical Corporation       Vice President         Receipt For:       Aggregate Year-to-Date         Primary       General         Other (specify) ▼       State         Zity Cornelius       State         FEC ID number of contributing federal political committee.       Nc         Primary       General         Other (specify) ▼       Aggregate Year-to-Date         City       State       Zip Coc         Cornelius       Nc       Z8031         FEC ID number of contributing federal political committee.       Nc       28031         FEC ID number of contributing federal political committee.       Occupation (for Vice President)         Rame of Employer (for Individual)       Occupation (for Vice President)< |                  |       |                                  |        |   |      |      |         |         |         |        |   |  |  |
| Α.           | Rhodes, Chandelle, L, Ms.,  | itial) or Full C | )rgai | nization Name                    |        | Date  | of F | Rec  | ceipt   |         |         |        |   |  |  |
|              | Mailing Address 20528 Lagoona Drive   |                  |       |                                  |        |   |      | /    |         |         | ΥΥ<br>2 | 023    | Y |  |  |
|              | -   |                  |       | Zip Code                         |        | Tra   | nsad | ctic | on ID : | A2023-  | 2036    | 984    |   |  |  |
|              | Cornelius   | NC               |       | 28031                            | _      | Amou  | nt c | of E | Each R  | leceipt | this F  | Period |   |  |  |
|              | 8   | С                |       |                                  |        |   |      | 4    | ,       | -       |         | 115.3  | 9 |  |  |
|              |   |                  | •     | ion (for Individual)<br>esident  |        |   | Men  | no   | Item    |         |         |        |   |  |  |
|              | Receipt For:  | Aggregate        | Yea   | ur-to-Date ▼                     |        |   |      |      |         |         |         |        |   |  |  |
|              |   |                  | -     | 2192.41                          |        |   |      |      |         |         |         |        |   |  |  |
| В.           |   | itial) or Full C | )rgai | nization Name                    |        | Date  | of F | Rec  | ceipt   |         |         |        |   |  |  |
|              | Mailing Address 20528 Lagoona Drive   |                  |       |                                  |        |   |      | /    |         | · · ·   | 2(      |        | Y |  |  |
|              | City  | State            |       | Zip Code                         |        | Transaction ID : A2023-2130249                |      |      |         |         |         |        |   |  |  |
|              | Cornelius   | NC               |       | 28031                            |        | Amount of Each Receipt this Period            |      |      |         |         |         |        |   |  |  |
|              | 8   | С                |       |                                  |        | <u> </u>                                      |      | 4    | ,       |         |         | 115.3  | 9 |  |  |
|              |   |                  | •     | tion (for Individual)<br>esident |        | Ц   | Men  | no   | Item    |         |         |        |   |  |  |
|              | Primary General   | Aggregate        | Yea   | r-to-Date ▼<br>2307.80           |        |   |      |      |         |         |         |        |   |  |  |
| —<br>C.      |   | itial) or Full C | rga   | nization Name                    |        | Date  | of F | Rec  | ceipt   |         |         |        |   |  |  |
| -            | Mailing Address 20528 Lagoona Drive   |                  |       |                                  |        |   |      | /    |         |         |         |        | Y |  |  |
|              | -   |                  |       | Zip Code                         |        | Tra   | nsa  | ctic | on ID : | A2023   | -2294   | 1511   | _ |  |  |
|              | Cornelius   | NC               |       | 28031                            |        | Amou  | nt c | of E | Each R  | leceipt | this F  | Period |   |  |  |
|              | 8   | С                |       |                                  |        | Ē   |      | ,    | y       | , ,     |         | 115.3  | 9 |  |  |
|              | Select Medical Corporation  |                  |       | ion (for Individual)<br>esident  |        |   | Men  | no   | ltem    |         |         |        |   |  |  |
|              | Primary General   | Aggregate        | Yea   | r-to-Date ▼<br>2423.19           |        |   |      |      |         |         |         |        |   |  |  |
| ⊢            | UBTOTAL of Receipts This Page (optional)  |                  |       |                                  | •<br>- |   | -    | -    | 7       | ,       | +       | 346.1  | 7 |  |  |

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| SCHEDULE A   | (FEC Form 3X) |
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|             | EMIZED RECEIPTS  |  |           | for each category of the<br>Detailed Summary Page |                                    | ×   | 11a<br>13 |      | 1 <sup>-</sup> | 1b<br>4 |     | 11c<br>15 |       | 12<br>16         | 17    |
|-------------|--|--|-----------|---|------------------------------------|---|-----------|------|----------------|---------|-----|-----------|-------|------------------|-------|
|             | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n                       |  |           |   |                                    |   | or the    |      | po             | se of   |     | oliciting |       | ntribu           | tions |
| $\setminus$ | NAME OF COMMITTEE (In Full)  |  |           |   |                                    |   |           |      |                |         |     |           |       |                  |       |
|             | Select Medical Corporation PAC   |  |           |   |                                    |   |           |      |                |         |     |           |       |                  |       |
| A.          | Full Name of Individual (Last, First, Middle Initia<br>Rhodes, Chandelle, L, Ms.,<br>Mailing Address 20528 Lagoona Drive | l) or Full C                                 | )rga      | nization Name                                     | _                                  | D   | )ate o    |      | ece            | eipt    | D   | / Y       | Y     | Y                | Y     |
|             |  | 1  |           | 1   |                                    | l   | 10        | J.   | L              | 27      |     | - L       | 20    | 023              |       |
|             | City<br>Cornelius  | State<br>NC                                  |           | Zip Code<br>28031                                 |                                    | Transaction ID : A2023-2353856  |           |      |                |         |     |           |       |                  |       |
|             |  |  | _         | 20031   | Amount of Each Receipt this Period |   |           |      |                |         |     |           |       |                  |       |
|             | FEC ID number of contributing federal political committee.   | С  | _         |   |                                    | 115.39  |           |      |                |         |     |           |       |                  |       |
|             | Name of Employer (for Individual)<br>Select Medical Corporation  |  | •         | tion (for Individual)<br>resident                 |                                    |   | Μ         | emo  | o It           | em      |     |           |       |                  |       |
|             | Receipt For:   | Aggregate                                    | Yea       | ar-to-Date 🔻                                      |                                    |   |           |      |                |         |     |           |       |                  |       |
|             | Other (specify) ▼  |  | -         | 2538.58   |                                    |   |           |      |                |         |     |           |       |                  |       |
| в.          | Full Name of Individual (Last, First, Middle Initia<br>Rhodes, Chandelle, L, Ms.,  | l) or Full C                                 | )rga      | nization Name                                     |                                    | D   | )ate o    | f Re | ece            | eipt    |     |           |       |                  |       |
|             | Mailing Address 20528 Lagoona Drive  |  |           |   |                                    | M M         /         D         /         Y |           |      |                |         |     |           |       |                  |       |
|             | City   | State  |           | Zip Code  |                                    |   |           |      |                |         |     |           |       |                  |       |
|             | Cornelius  | NC   |           | Amount of Each Receipt this Period                |                                    |   |           |      |                |         |     |           |       |                  |       |
|             | FEC ID number of contributing federal political committee.   | С  | _         |   |                                    | 115.39  |           |      |                |         |     |           |       |                  |       |
|             | Name of Employer (for Individual)<br>Select Medical Corporation  |  | •         | ation (for Individual)<br>resident                |                                    | Memo Item   |           |      |                |         |     |           |       |                  |       |
|             | Receipt For:<br>Primary General<br>Other (specify) ▼   | or: Aggregate Year-to-Date ▼<br>lary General |           |   |                                    |   |           |      |                |         |     |           |       |                  |       |
| <u></u>     | Full Name of Individual (Last, First, Middle Initia<br>Rhodes, Chandelle, L, Ms.,  | l) or Full C                                 | )rga      | nization Name                                     |                                    | D   | )ate o    | f Re | ece            | eipt    |     |           |       |                  |       |
|             | Mailing Address 20528 Lagoona Drive  |  |           |   |                                    | ľ   | M M       | /    | ſ              | 24      |     | / Y       |       | )23 <sup>°</sup> | Y     |
|             | City   | State  |           | Zip Code  |                                    | 1   | Trans     | sact | ioi            | n ID :  | : A | 2023-2    | 2587  | 523              |       |
|             | Cornelius  | NC   |           | 28031   |                                    | A   | moun      | t of | Ea             | ach F   | Rec | eipt th   | nis P | Period           |       |
|             | FEC ID number of contributing federal political committee.   | С  | _         |   |                                    | ļ   | _         |      | 7              |         |     | y         |       | 115.             | 39    |
|             | Name of Employer (for Individual)<br>Select Medical Corporation  | tion (for Individual)<br>esident             | Memo Item |   |                                    |   |           |      |                |         |     |           |       |                  |       |
|             | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate                                    | Yea       | ar-to-Date ▼<br>2769.36                           |                                    |   |           |      |                |         |     |           |       |                  |       |
| ⊢           | UBTOTAL of Receipts This Page (optional)   |  |           |   |                                    |   | -         |      | ,              |         |     | 9         |       | 346.             | 17    |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED RECEIPTS  |                                  | for each category of the<br>Detailed Summary Page   | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |
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| Any information copied from such Reports and S<br>or for commercial purposes, other than using the   | tatements ma<br>name and a       | y not be sold or used by any p<br>ddress of any political committee   | erson for the purpose of soliciting contributions   |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full) Select Medical Corporation PAC   | C                                |   |   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Init<br>A. Rhodes, Chandelle, L, Ms.,<br>Mailing Address 20528 Lagoona Drive<br>City<br>Cornelius<br>FEC ID number of contributing<br>federal political committee.  | tial) or Full O State NC C       | rganization Name<br>Zip Code<br>28031   | Date of Receipt<br>12<br>12<br>12<br>12<br>12<br>12<br>12<br>1  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼  | Vice                             | upation (for Individual)<br>President<br>Year-to-Date ▼<br>2884.75  | Memo Item   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Init         Rhodes, Chandelle, L, Ms.,         Mailing Address 20528 Lagoona Drive         City         Cornelius         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ | State<br>NC<br>C<br>Occu<br>Vice | rganization Name<br>Zip Code<br>28031<br>upation (for Individual)<br>e President<br>Year-to-Date ▼<br>3000.00 | Date of Receipt   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Init         Romberger, Scott, A, Mr.,         Mailing Address 440 Boyer St         City         Halifax         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify)     | State<br>PA<br>C<br>Occu<br>Seni | Zip Code<br>17032-9017<br>Upation (for Individual)<br>or Vice President<br>Year-to-Date ▼<br>5000.00          | Date of Receipt   |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)  |                                  |   | 5230.64   |  |  |  |  |  |  |  |

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| 111 | EMIZED RECEIPTS   |               | for each cates<br>Detailed Sum     |         |                  | < 11a<br>13     |     | 11b<br>14 | 11c                   |     | 12<br>16 | 17 |
|     | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |                                    |         |                  |                 |     |           | solicitin             |     |          |    |
|     | NAME OF COMMITTEE (In Full)   |               |                                    |         |                  |                 |     |           |                       |     |          |    |
|     | Select Medical Corporation PAC  | ;             |                                    |         |                  |                 |     |           |                       |     |          |    |
| Α.  | Full Name of Individual (Last, First, Middle Initi<br>Rountree, Tim, , ,                        | al) or Full O | rganization Name                   | Э       |                  | Date of         | Rec | eipt      |                       |     |          |    |
|     | Mailing Address 4714 Gettysburg Rd  |               |                                    |         |                  | м м<br>07       | 1   | 07        | ) / Y                 | 202 | 23       | Y  |
|     | City<br>Mechanicsburg   | State<br>PA   | Zip Code<br>17055                  |         |                  |                 |     |           | A2023-1<br>leceipt tl |     |          |    |
|     | FEC ID number of contributing federal political committee.                                      | С             |                                    |         |                  |                 |     |           |                       |     | 192.3    | 1  |
|     | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | pation (for Indivi<br>cutive       | dual)   |                  | M               | emo | ltem      |                       |     |          |    |
|     | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date V                     | 2692.34 | ]                |                 |     |           |                       |     |          |    |
| B.  | Full Name of Individual (Last, First, Middle Initi<br>Rountree, Tim, , ,                        | al) or Full O | rganization Name                   | 9       |                  | Date of         | Rec | eipt      |                       |     |          |    |
|     | Mailing Address 4714 Gettysburg Rd  |               |                                    |         |                  | м м<br>07       | 1   | D D D 21  | / Y                   | 202 | 23       | Ý  |
|     | City<br>Mechanicsburg   | State<br>PA   | Zip Code<br>17055                  |         |                  |                 |     |           | A2023-1<br>leceipt tl |     |          | _  |
|     | FEC ID number of contributing federal political committee.                                      | С             |                                    |         |                  |                 | . , |           |                       |     | 192.3    | 1  |
|     | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | upation (for Indiv<br>cutive       | idual)  |                  | Memo Item       |     |           |                       |     |          |    |
|     | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | ggregate Year-to-Date ▼<br>2884,65 |         |                  |                 |     |           |                       |     |          |    |
| с.  | Full Name of Individual (Last, First, Middle Initi<br>Rountree, Tim, , ,                        | al) or Full O | rganization Name                   | 9       |                  | Date of         | Rec | eipt      |                       |     |          |    |
|     | Mailing Address 4714 Gettysburg Rd  |               |                                    |         |                  | 08 <sup>M</sup> | 1   | 04        | ) / Y                 | 202 | 23       | Ŷ  |
|     | City<br>Mechanicsburg   | State<br>PA   | Zip Code<br>17055                  |         |                  |                 |     |           | A2023-                |     |          | _  |
|     | FEC ID number of contributing federal political committee.                                      | С             |                                    |         |                  | <u> </u>        |     | ,         | . ,                   |     | 192.3    | 1  |
|     | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | pation (for Indivisionality)       | dual)   |                  | M               | emo | ltem      |                       |     |          |    |
|     | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Year-to-Date ▼                     | 3076.96 |                  |                 |     |           |                       |     |          |    |
| s   | UBTOTAL of Receipts This Page (optional)  |               |                                    |         | •                |                 | . , |           | ,                     |     | 576.9    | 3  |

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|                   | EMIZED RECEIPTS  |                 | for each category of the<br>Detailed Summary Page |           | 11a<br>13               |      | 11b<br>14 | 11c                                   | 12          | 17      |  |  |  |  |
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|                   | y information copied from such Reports and S<br>for commercial purposes, other than using the                |                 |   | person fo | r the                   |      | oose o    | f soliciting                          | g contrib   | outions |  |  |  |  |
| $\left[ \right]$  | NAME OF COMMITTEE (In Full)  |                 |   |           |                         |      |           |                                       |             |         |  |  |  |  |
| $\langle \rangle$ | Select Medical Corporation PAG   | C               |   |           |                         |      |           |                                       |             |         |  |  |  |  |
| Α.                | Full Name of Individual (Last, First, Middle Ini<br>Rountree, Tim, , ,<br>Mailing Address 4714 Gettysburg Rd |                 | -<br>   |           | Date of Receipt         |      |           |                                       |             |         |  |  |  |  |
|                   | City<br>Mechanicsburg  | State<br>PA     | Zip Code<br>17055                                 |           |                         |      | -         | A2023-1                               |             |         |  |  |  |  |
|                   |  |                 | 17000   | Ar        | nount                   | of   | Each F    | Receipt th                            | nis Perio   | d       |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.   | С               |   |           | _                       | _    | -         |                                       | 192         | 2.31    |  |  |  |  |
|                   | Name of Employer (for Individual)  | Occu            | pation (for Individual)                           |           | Me                      | emo  | Item      |                                       |             |         |  |  |  |  |
|                   | Select Medical Corporation   | Exec            | cutive  |           |                         |      |           |                                       |             |         |  |  |  |  |
|                   | Receipt For:   | Aggregate       | Year-to-Date 🔻                                    |           |                         |      |           |                                       |             |         |  |  |  |  |
|                   | Primary General  |                 |   | 1.1       |                         |      |           |                                       |             |         |  |  |  |  |
|                   | Other (specify) <b>v</b>   |                 | 3269.27   |           |                         |      |           |                                       |             |         |  |  |  |  |
|                   | Full Name of Individual (Last, First, Middle Ini   | tial) or Full O | ganization Name                                   |           |                         |      |           |                                       |             |         |  |  |  |  |
| В.                | Rountree, Tim, , ,   |                 |   | Da        | ate of                  | Re   | ceipt     |                                       |             |         |  |  |  |  |
|                   | Mailing Address 4714 Gettysburg Rd   |                 |   |           | 09 01 / Y Y Y Y<br>2023 |      |           |                                       |             |         |  |  |  |  |
|                   | City   | State           | Zip Code  |           | <b>Frans</b>            | acti | on ID :   | A2023-1                               | 924765      |         |  |  |  |  |
|                   | Mechanicsburg  | PA              | 17055   | Ar        | nount                   | of   | Each F    | Receipt th                            | nis Perio   | d       |  |  |  |  |
| -                 | FEC ID number of contributing federal political committee.   | С               |   |           | 192.31                  |      |           |                                       |             |         |  |  |  |  |
|                   | Name of Employer (for Individual)  | Оссі            | pation (for Individual)                           | — F       | Me                      | emo  | Item      |                                       |             |         |  |  |  |  |
|                   | Select Medical Corporation   |                 | cutive  |           |                         |      |           |                                       |             |         |  |  |  |  |
|                   | Receipt For:   | Aggregate       | Year-to-Date 🔻                                    |           |                         |      |           |                                       |             |         |  |  |  |  |
|                   | Primary General  | 33 - 3 - 4      |   | 1.1       |                         |      |           |                                       |             |         |  |  |  |  |
|                   | Other (specify) <b>v</b>   |                 | 3461.58   |           |                         |      |           |                                       |             |         |  |  |  |  |
| с.                | Full Name of Individual (Last, First, Middle Ini<br>Rountree, Tim, , ,                                       | tial) or Full O | ganization Name                                   | Da        | ate of                  | Re   | ceipt     |                                       |             |         |  |  |  |  |
|                   | Mailing Address 4714 Gettysburg Rd   |                 |   |           | 09                      | 1    | D<br>15   |                                       | y y<br>2023 | Y       |  |  |  |  |
|                   | City   | State           | Zip Code  |           | Trans                   | act  | ion ID    | : A2023-2                             | 2036983     |         |  |  |  |  |
|                   | Mechanicsburg  | PA              | 17055   | Ar        | nount                   | of   | Each F    | Receipt th                            | nis Perio   | d       |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.   | С               |   |           | 192.31                  |      |           |                                       |             |         |  |  |  |  |
|                   | Name of Employer (for Individual)  | Occu            | pation (for Individual)                           |           | M                       | emc  | Item      |                                       |             |         |  |  |  |  |
|                   | Select Medical Corporation   | Exec            | utive   |           |                         |      |           |                                       |             |         |  |  |  |  |
|                   | Receipt For:   | Aggregate       | Year-to-Date 🔻                                    |           |                         |      |           |                                       |             |         |  |  |  |  |
|                   | Other (specify)  |                 | 3653.89   | 1         |                         |      |           |                                       |             |         |  |  |  |  |
| s                 | UBTOTAL of Receipts This Page (optional)   |                 |   |           |                         |      | ,         | , , , , , , , , , , , , , , , , , , , | 576         | 6.93    |  |  |  |  |
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| ITEMIZED RECEIPTS   |                | for each category of the<br>Detailed Summary Page | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ |  |  |  |  |  |  |  |  |  |
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| NAME OF COMMITTEE (In Full)   |                |   |  |  |  |  |  |  |  |  |  |  |
| Select Medical Corporation PAC  | 2              |   |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Init<br>A. Rountree, Tim, , ,                      | ial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |  |
| Mailing Address 4714 Gettysburg Rd  |                |   | M M / D D / Y Y Y Y<br>09 29 2023                      |  |  |  |  |  |  |  |  |  |
| City  | State          | Zip Code  | Transaction ID : A2023-2130248                         |  |  |  |  |  |  |  |  |  |
| Mechanicsburg   | PA             | 17055   | Amount of Each Receipt this Period                     |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                      | С              |   | 192.31   |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation                                 |                | upation (for Individual)<br>cutive                | Memo Item  |  |  |  |  |  |  |  |  |  |
| Receipt For:  | Aggregate      | Year-to-Date 🔻                                    |  |  |  |  |  |  |  |  |  |  |
| Primary General<br>Other (specify) ▼  |                | 3846.20   |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Init   | ial) or Full O | rganization Name                                  |  |  |  |  |  |  |  |  |  |  |
| <b>B.</b> Rountree, Tim, , ,  |                |   | Date of Receipt  |  |  |  |  |  |  |  |  |  |
| Mailing Address 4714 Gettysburg Rd  | 01-1-          |   | 10 / D D / Y Y Y Y<br>10 13 2023                       |  |  |  |  |  |  |  |  |  |
| City<br>Mechanicsburg   | State<br>PA    | Zip Code<br>17055                                 | Transaction ID : A2023-2294510                         |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing   | _              |   | _ Amount of Each Receipt this Period                   |  |  |  |  |  |  |  |  |  |
| federal political committee.  | С              |   | Memo Item  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation                                 |                | upation (for Individual)<br>cutive                |  |  |  |  |  |  |  |  |  |  |
| Receipt For:  | Aggregate      | Year-to-Date ▼                                    |  |  |  |  |  |  |  |  |  |  |
| Other (specify) ▼   |                | 4038.51   |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Init<br>C. Rountree, Tim, , ,                      | ial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |  |
| Mailing Address 4714 Gettysburg Rd  |                |   | 10 / Y Y Y Y<br>27 2023                                |  |  |  |  |  |  |  |  |  |
| City  | State<br>PA    | Zip Code  | Transaction ID : A2023-2353855                         |  |  |  |  |  |  |  |  |  |
| Mechanicsburg   |                | 17055   | Amount of Each Receipt this Period                     |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                      | C              |   | 192.31   |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation                                 |                | upation (for Individual)<br>cutive                | Memo Item  |  |  |  |  |  |  |  |  |  |
| Receipt For:  | Aggregate      | Year-to-Date ▼                                    |  |  |  |  |  |  |  |  |  |  |
| Other (specify)   |                | 4230.82   |  |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   |                | ····· ►   | 576.93   |  |  |  |  |  |  |  |  |  |

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| ITEMIZED RECE  | 1713   |                 | for each category of the<br>Detailed Summary Page                          | X      | 11a<br>13                          |        | 11b<br>14 | 11c        | 12        | 17    |  |  |  |  |  |
|--|--|-----------------|--|--------|------------------------------------|--------|-----------|------------|-----------|-------|--|--|--|--|--|
|  |  |                 | I<br>ay not be sold or used by any p<br>address of any political committed |        | or the                             | purpo  | ose of    | soliciting | contribu  | tions |  |  |  |  |  |
|  |  |                 |  |        |                                    |        |           |            |           |       |  |  |  |  |  |
| Select Medical   | Corporation PA                               | С               |  |        |                                    |        |           |            |           |       |  |  |  |  |  |
| Full Name of Individua<br><b>A.</b> Rountree, Tim, , ,<br>Mailing Address 4714 | al (Last, First, Middle Ini<br>Gettysburg Rd | tial) or Full C | Organization Name  |        | Date of Receipt                    |        |           |            |           |       |  |  |  |  |  |
| City   |  | State           | Zip Code   |        | Trans                              | sactio | on ID :   | A2023-2    | 465175    |       |  |  |  |  |  |
| Mechanicsburg  |  | PA              | 17055  | A      | moun                               | t of E | Each F    | Receipt th | is Period |       |  |  |  |  |  |
| FEC ID number of co<br>federal political comm                                  | •  | С               |  |        |                                    |        |           |            |           | 31    |  |  |  |  |  |
| Name of Employer (fo   | r Individual)                                | Occ             | upation (for Individual)   |        | M                                  | emo    | Item      |            |           |       |  |  |  |  |  |
| Select Medical Corpora   | ation  | Exe             | cutive   |        |                                    |        |           |            |           |       |  |  |  |  |  |
| Receipt For:   |  | Aggregate       | Year-to-Date ▼   |        |                                    |        |           |            |           |       |  |  |  |  |  |
| Other (specify)  | General                                      |                 | 4423.13  | ]      |                                    |        |           |            |           |       |  |  |  |  |  |
| Full Name of Individua   | al (Last, First, Middle Ini                  | tial) or Full C | Organization Name  |        |                                    |        |           |            |           |       |  |  |  |  |  |
| <b>B.</b> Rountree, Tim, , ,   |  | ,               | 0  |        | Date of                            | f Rec  | eipt      |            |           |       |  |  |  |  |  |
| Mailing Address 4714   | Gettysburg Rd                                |                 |  |        | 11 24 2023                         |        |           |            |           |       |  |  |  |  |  |
| City   |  | State           | Zip Code   |        | Trans                              | actio  | n ID :    | A2023-2    | 587522    | _     |  |  |  |  |  |
| Mechanicsburg  |  | PA              | 17055  | A      | Amount of Each Receipt this Period |        |           |            |           |       |  |  |  |  |  |
| FEC ID number of co<br>federal political comm                                  | •  | С               |  |        | 192.31                             |        |           |            |           |       |  |  |  |  |  |
| Name of Employer (for  | r Individual)                                | Occ             | upation (for Individual)   |        | М                                  | emo    | Item      |            |           |       |  |  |  |  |  |
| Select Medical Corpora   | ation  | Exe             | ecutive  |        |                                    |        |           |            |           |       |  |  |  |  |  |
| Receipt For:   |  | Aggregate       | Year-to-Date V   |        |                                    |        |           |            |           |       |  |  |  |  |  |
| Primary  | General                                      |                 |  | 11     |                                    |        |           |            |           |       |  |  |  |  |  |
| Other (specify)  | 7  | L               | 4615.44  | 4      |                                    |        |           |            |           |       |  |  |  |  |  |
| Full Name of Individua<br>C. Rountree, Tim, ,                                  | al (Last, First, Middle Ini<br>,             | tial) or Full C | organization Name  | C      | Date of                            | f Rec  | eipt      |            |           |       |  |  |  |  |  |
| Mailing Address 4714   | Gettysburg Rd                                |                 |  |        | <sup>M</sup> 12                    | /      | 08        |            | 2023      | Ŷ     |  |  |  |  |  |
| City   |  | State           | Zip Code   |        | Trans                              | sactio | on ID :   | : A2023-2  | 726357    |       |  |  |  |  |  |
| Mechanicsburg  |  | PA              | 17055  | A      | moun                               | t of E | Each F    | Receipt th | is Period |       |  |  |  |  |  |
| FEC ID number of co<br>federal political comm                                  | 0  | С               |  |        | 192.31                             |        |           |            |           |       |  |  |  |  |  |
| Name of Employer (fo<br>Select Medical Corpor                                  |  |                 | upation (for Individual)<br>cutive   |        | M                                  | emo    | ltem      |            |           |       |  |  |  |  |  |
| Receipt For:   |  | Annreaste       | Year-to-Date ▼   | $\neg$ |                                    |        |           |            |           |       |  |  |  |  |  |
| Other (specify)  | General                                      |                 | 4807.75  | ]      |                                    |        |           |            |           |       |  |  |  |  |  |
| SUBTOTAL of Receipts   | This Page (optional)                         |                 |  |        | -                                  | ,      |           | 5          | 576.9     | 93    |  |  |  |  |  |

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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

Use separate schedule(s) for each category of the

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| 11          | EMIZED RECEIPTS  |                | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |
|-------------|--|----------------|---|---|
|             | y information copied from such Reports and S for commercial purposes, other than using the |                |   |   |
| $\setminus$ | NAME OF COMMITTEE (In Full)  |                |   |   |
|             | Select Medical Corporation PAC   |                |   |   |
| Α.          | Full Name of Individual (Last, First, Middle Init<br>Rountree, Tim, , ,                    | ial) or Full O | rganization Name                                  | Date of Receipt   |
| Λ.          | Mailing Address 4714 Gettysburg Rd   |                |   |   |
|             |  |                |   | 12 22 2023  |
|             | City   | State          | Zip Code  | Transaction ID : A2023-2802122  |
|             | Mechanicsburg  | PA             | 17055   | Amount of Each Receipt this Period  |
|             | FEC ID number of contributing federal political committee.                                 | С              |   | 192.25  |
|             | Name of Employer (for Individual)  | Occu           | pation (for Individual)                           | Memo Item   |
|             | Select Medical Corporation   | Exec           | cutive  |   |
|             | Receipt For:   | Aggregate      | Year-to-Date 🔻                                    |   |
|             | Primary General  | 33 - 3         |   | 1   |
|             | Other (specify) <b>v</b>   |                | 5000.00   |   |
| в.          | Full Name of Individual (Last, First, Middle Init<br>Rusignuolo, Brian, R, Mr.,            | ial) or Full O | rganization Name                                  | Date of Receipt   |
|             | Mailing Address 1339 Sconsett Way  |                |   | 07 07 2023  |
|             | City   | State          | Zip Code  | Transaction ID : A2023-1633248  |
|             | New Cumberland   | PA             | 17070   | Amount of Each Receipt this Period  |
|             | FEC ID number of contributing federal political committee.                                 | С              |   | 192.31  |
|             | Name of Employer (for Individual)  | Occi           | upation (for Individual)                          | Memo Item   |
|             | Select Medical Corporation   |                | ior Vice President                                |   |
|             | Receipt For:   | Aggregate      | Year-to-Date ▼                                    | -   |
|             | Primary General  | / iggi oguto   |   |   |
|             | Other (specify) V  |                | 2692.34   |   |
| с.          | Full Name of Individual (Last, First, Middle Init<br>Rusignuolo, Brian, R, Mr.,            | ial) or Full O | rganization Name                                  | Date of Receipt   |
|             | Mailing Address 1339 Sconsett Way  |                |   | 07 21 2023  |
|             | City   | State          | Zip Code  | Transaction ID : A2023-1635691  |
|             | New Cumberland   | PA             | 17070   | Amount of Each Receipt this Period  |
|             | FEC ID number of contributing federal political committee.                                 | С              |   | 192.31  |
|             | Name of Employer (for Individual)  | Occi           | pation (for Individual)                           | Memo Item   |
|             | Select Medical Corporation   |                | or Vice President                                 |   |
|             | Receipt For:   | Aggregate      | Year-to-Date ▼                                    | -   |
|             | Primary General<br>Other (specify)   |                | 2884.65   | 1   |
| s           | UBTOTAL of Receipts This Page (optional)   |                | •   | 576.87  |

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

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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

|                              | EMIZED RECEIPIS  |                      |               | or each category of the<br>Detailed Summary Page                   |         | 11a        |                 | -        | 1b<br>4     | _  | 11c<br>15                 |      | 12<br>16  | 17    |
|------------------------------|--|----------------------|---------------|--|---------|------------|-----------------|----------|-------------|----|---------------------------|------|-----------|-------|
| Ar<br>or                     | y information copied from such Reports and State<br>for commercial purposes, other than using the nar  | ments ma<br>me and a | ay n<br>addre | ot be sold or used by any pe<br>ess of any political committee     | erson f | or the     | e pur<br>ontrit | rpo      | se of       | so | liciting                  | cor  | ntribu    | tions |
| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PAC  |                      |               |  |         |            |                 |          |             |    |                           |      |           |       |
| Α.                           | Full Name of Individual (Last, First, Middle Initial)<br>Rusignuolo, Brian, R, Mr.,<br>Mailing Address 1339 Sconsett Way   | or Full C            | Drgar         | nization Name  |         | Date (     |                 | ece<br>′ | eipt<br>04  | 2  | / Y                       |      | )23       | Y     |
|                              | City<br>New Cumberland   | State<br>PA          |               | Zip Code<br>17070  |         |            |                 |          |             |    | 023-16<br>eipt thi        |      |           |       |
|                              | FEC ID number of contributing federal political committee.   | С                    |               |  |         |            |                 | ,        |             |    | - p                       |      | 192.      | 31    |
|                              | Primary General  | Sen                  | hior \        | tion (for Individual)<br>Vice President<br>ar-to-Date ▼<br>3076.96 |         | N          | /lemo           | o l      | tem         |    |                           |      |           |       |
| в.                           | Other (specify) ▼         Full Name of Individual (Last, First, Middle Initial)         Rusignuolo, Brian, R, Mr.,         Mailing Address 1339 Sconsett Way                                   | [                    | Date 0        |  | ece     | eipt<br>18 |                 | / Y      | 202         | 23 | Ŷ                         |      |           |       |
|                              | City<br>New Cumberland<br>FEC ID number of contributing  | State<br>PA          | _             | Zip Code<br>17070  |         | Tran       |                 |          | n ID :      | A2 | <b>023-18</b><br>eipt thi | 3849 | 975       | _     |
|                              | federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:       A         Primary       General         Other (specify) ▼ | ggregate             | nior Yea      | tion (for Individual)<br>Vice President<br>ar-to-Date ▼<br>3269,27 |         | <b>₽</b>   | /lemo           | o l      | tem         |    | 7                         |      | 192.      | 31    |
| C.                           | Full Name of Individual (Last, First, Middle Initial)<br>Rusignuolo, Brian, R, Mr.,<br>Mailing Address 1339 Sconsett Way   |                      | Organ         |  |         | Date       | VI /            | /        | D D D<br>01 |    | / Y                       | 20   | 1. Alt 1. | Ŷ     |
|                              | New Cumberland   | State<br>PA          |               | Zip Code<br>17070  | /       |            |                 |          |             |    | 2023-19                   |      |           | 31    |
|                              | Name of Employer (for Individual)         Select Medical Corporation         Receipt For:       A         Primary       General         Other (specify)       I                                | Sen                  | ior V         | tion (for Individual)<br>/ice President<br>ar-to-Date ▼<br>3461.58 |         | ľ          | /lem            | io I     | ltem        |    |                           |      |           |       |
| s                            | UBTOTAL of Receipts This Page (optional)   |                      |               | •  |         |            |                 | 7        |             | Ì  | <b>y</b>                  | _    | 576.      | 93    |
| т                            | OTAL This Period (last page this line number only  | ·)                   |               | •  |         |            |                 | ,        |             |    | -J                        |      |           |       |

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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|              | EMIZED RECEIPTS  |                      |                                  | for each cate<br>Detailed Sum    |         |                                    | ×                                  | 11a<br>12       |       | 11   | · –       | _   | 11c    |   | 12               |      | 17 |  |  |
|--------------|--|----------------------|----------------------------------|----------------------------------|---------|------------------------------------|------------------------------------|-----------------|-------|--|-----------|-----|--------|---|------------------|------|----|--|--|
|              | y information copied from such Reports and Staten<br>for commercial purposes, other than using the nam                   |                      |                                  |                                  |         |                                    |                                    |                 |       |  | se of     | sol |        |   |                  | ions | 17 |  |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)  |                      |                                  |                                  |         |                                    |                                    |                 |       |  |           |     |        |   |                  |      |    |  |  |
|              | Select Medical Corporation PAC   |                      |                                  |                                  |         |                                    |                                    |                 |       |  |           |     |        |   |                  |      |    |  |  |
| Α.           | Full Name of Individual (Last, First, Middle Initial) of Rusignuolo, Brian, R, Mr.,<br>Mailing Address 1339 Sconsett Way | or Full C            | Drgai                            | nization Nam                     |         | _                                  | ate of                             | f Re            |       | D D  | ·   ·     | / Y |        | Ŷ | Y                |      |    |  |  |
|              | City   | State                |                                  | Zip Code                         |         |                                    | Ŀ                                  | 09<br>Trans     | acti  | ion  | 15<br>    | 120 | 023-20 | - | 023              |      |    |  |  |
|              | 5  | PA                   |                                  | 17070                            |         |                                    |                                    |                 |       |  |           |     |        |   |                  |      |    |  |  |
|              | FEC ID number of contributing federal political committee.   | C                    |                                  |                                  |         | Amount of Each Receipt this Period |                                    |                 |       |  |           |     |        |   |                  |      |    |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation  |                      | •                                | tion (for Indiv<br>Vice Presiden | ,       |                                    | l                                  | М               | emo   | o Ite  | em        |     |        |   |                  |      |    |  |  |
|              | Receipt For:     Ag       Primary     General       Other (specify) ▼  | ggregate             | Yea                              | ar-to-Date ▼                     | 3653.89 |                                    |                                    |                 |       |  |           |     |        |   |                  |      |    |  |  |
| В.           | Full Name of Individual (Last, First, Middle Initial) o<br>Rusignuolo, Brian, R, Mr.,                                    | or Full C            | Drgai                            | nization Nam                     | е       |                                    | D                                  | ate of          | f Re  | ecei   | ipt       |     |        |   |                  |      |    |  |  |
|              | Mailing Address 1339 Sconsett Way  |                      |                                  | 1                                |         | 09 / 29 / 2023                     |                                    |                 |       |  |           |     |        |   |                  |      |    |  |  |
|              |  | StateZip CodePA17070 |                                  |                                  |         |                                    |                                    |                 |       | Transaction ID : A2023-2130233<br>Amount of Each Receipt this Period |           |     |        |   |                  |      |    |  |  |
|              | FEC ID number of contributing federal political committee.   |                      |                                  |                                  |         | 192.31                             |                                    |                 |       |  |           |     |        | ] |                  |      |    |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation  | •                    | tion (for Indiv<br>Vice Presider | ,                                |         | ļ                                  | M                                  | emo             | o Ite | em   |           |     |        |   |                  |      |    |  |  |
|              | Receipt For:     Ag       Primary     General       Other (specify) ▼  | ggregate             | Yea                              | ar-to-Date ▼                     | 3846.20 |                                    |                                    |                 |       |  |           |     |        |   |                  |      |    |  |  |
| <u>с.</u>    | Full Name of Individual (Last, First, Middle Initial) o<br>Rusignuolo, Brian, R, Mr.,                                    | or Full C            | Drgai                            | nization Nam                     | e       |                                    | D                                  | ate of          | f Re  | ecei   | ipt       |     |        |   |                  |      |    |  |  |
|              | Mailing Address 1339 Sconsett Way  |                      |                                  |                                  |         |                                    | Γ                                  | 10 <sup>M</sup> | /     | Γ  | D D<br>13 |     | / Y    |   | )23 <sup>°</sup> | Y    |    |  |  |
|              | ,  | State<br>PA          |                                  | Zip Code<br>17070                |         |                                    |                                    |                 |       |  |           |     | 023-2  |   |                  | _    |    |  |  |
|              |  | C                    |                                  |                                  |         |                                    | Amount of Each Receipt this Period |                 |       |  |           |     |        |   | 31               | ]    |    |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation  |                      |                                  | М                                | emc     | o Ite                              | em                                 |                 |       |  |           |     |        |   |                  |      |    |  |  |
|              | Receipt For:     Ag       Primary     General       Other (specify)  | ggregate             | Yea                              | ar-to-Date ▼                     | 4038.51 |                                    |                                    |                 |       |  |           |     |        |   |                  |      |    |  |  |
| s            | UBTOTAL of Receipts This Page (optional)   |                      |                                  |                                  |         | •                                  | [                                  |                 |       | ,  |           |     | 7      |   | 576.9            | 93   | ]  |  |  |
| т            | OTAL This Period (last page this line number only)   |                      |                                  |                                  |         | -<br>•                             | ĺ                                  |                 |       | -  |           |     | -      |   |                  |      | ]  |  |  |

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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|                   | EMIZED RECEIPTS  |                | for each category of the<br>Detailed Summary Page | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ |  |  |  |  |  |  |  |  |  |  |  |
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|                   | y information copied from such Reports and St<br>for commercial purposes, other than using the |                |   | erson for the purpose of soliciting contributions      |  |  |  |  |  |  |  |  |  |  |  |
|                   | NAME OF COMMITTEE (In Full)  |                |   |  |  |  |  |  |  |  |  |  |  |  |  |
| $\langle \rangle$ | Select Medical Corporation PAC   | )              |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Α.                | Full Name of Individual (Last, First, Middle Initi<br>Rusignuolo, Brian, R, Mr.,               | ial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |  |  |  |
|                   | Mailing Address 1339 Sconsett Way  |                |   | M M / D D / Y Y Y Y<br>10 27 2023                      |  |  |  |  |  |  |  |  |  |  |  |
|                   | City   | State          | Zip Code  | Transaction ID : A2023-2353841                         |  |  |  |  |  |  |  |  |  |  |  |
|                   | New Cumberland   | PA             | 17070   | Amount of Each Receipt this Period                     |  |  |  |  |  |  |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                     | С              |   | 192.31   |  |  |  |  |  |  |  |  |  |  |  |
|                   | Name of Employer (for Individual)  | Occu           | pation (for Individual)                           | Memo Item  |  |  |  |  |  |  |  |  |  |  |  |
|                   | Select Medical Corporation   | Seni           | or Vice President                                 |  |  |  |  |  |  |  |  |  |  |  |  |
|                   | Receipt For:   | Aggregate      | Year-to-Date 🔻                                    |  |  |  |  |  |  |  |  |  |  |  |  |
|                   | Primary General  | 33 - 3         |   |  |  |  |  |  |  |  |  |  |  |  |  |
|                   | Other (specify)  |                | 4230.82   |  |  |  |  |  |  |  |  |  |  |  |  |
| В.                | Full Name of Individual (Last, First, Middle Initi<br>Rusignuolo, Brian, R, Mr.,               | ial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |  |  |  |
|                   | Mailing Address 1339 Sconsett Way  |                |   |  |  |  |  |  |  |  |  |  |  |  |  |
|                   |  |                |   | 11 10 2023   |  |  |  |  |  |  |  |  |  |  |  |
|                   | City   | State          | Zip Code  | Transaction ID : A2023-2465161                         |  |  |  |  |  |  |  |  |  |  |  |
|                   | New Cumberland   | PA             | 17070   | Amount of Each Receipt this Period                     |  |  |  |  |  |  |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                     | С              |   | 192.31<br>Memo Item                                    |  |  |  |  |  |  |  |  |  |  |  |
|                   | Name of Employer (for Individual)  | 000            | upation (for Individual)                          |  |  |  |  |  |  |  |  |  |  |  |  |
|                   | Select Medical Corporation   |                | ior Vice President                                |  |  |  |  |  |  |  |  |  |  |  |  |
|                   | Receipt For:   | Anareaate      | Year-to-Date 🔻                                    | _  |  |  |  |  |  |  |  |  |  |  |  |
|                   | Primary General  | riggroguto     |   |  |  |  |  |  |  |  |  |  |  |  |  |
|                   | Other (specify) ▼  | L              | 4423.13   |  |  |  |  |  |  |  |  |  |  |  |  |
| с.                | Full Name of Individual (Last, First, Middle Initi<br>Rusignuolo, Brian, R, Mr.,               | ial) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |  |  |  |
|                   | Mailing Address 1339 Sconsett Way  |                |   | 11 / D / Y Y Y Y<br>2023                               |  |  |  |  |  |  |  |  |  |  |  |
|                   | City   | State          | Zip Code  | Transaction ID : A2023-2587508                         |  |  |  |  |  |  |  |  |  |  |  |
|                   | New Cumberland   | PA             | 17070   | Amount of Each Receipt this Period                     |  |  |  |  |  |  |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                     | С              |   | 192.31   |  |  |  |  |  |  |  |  |  |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                                |                | ipation (for Individual)<br>or Vice President     | Memo Item  |  |  |  |  |  |  |  |  |  |  |  |
|                   | Receipt For:   |                |   | _  |  |  |  |  |  |  |  |  |  |  |  |
|                   | Primary General  | Aggregate      | Year-to-Date <b>V</b>                             |  |  |  |  |  |  |  |  |  |  |  |  |
|                   | Other (specify)  |                | 4615.44   |  |  |  |  |  |  |  |  |  |  |  |  |
| s                 | UBTOTAL of Receipts This Page (optional)   |                | •   | 576.93   |  |  |  |  |  |  |  |  |  |  |  |

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

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|                |  |             | for each category of the<br>Detailed Summary Page |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------|--|-------------|---|--|--|--|--|--|--|--|--|--|--|--|--|
|                | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n |             |   |  |  |  |  |  |  |  |  |  |  |  |  |
| $\overline{)}$ | NAME OF COMMITTEE (In Full)  |             |   |  |  |  |  |  |  |  |  |  |  |  |  |
|                | Select Medical Corporation PAC   |             |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Α.             | Full Name of Individual (Last, First, Middle Initial Rusignuolo, Brian, R, Mr.,                    | ) or Full O | Drganization Name                                 | Date of Receipt  |  |  |  |  |  |  |  |  |  |  |  |
|                | Mailing Address 1339 Sconsett Way  | Ctoto       | Zin Code  | 12 08 2023   |  |  |  |  |  |  |  |  |  |  |  |
|                | City<br>New Cumberland   | State<br>PA | Zip Code<br>17070                                 | Transaction ID : A2023-2726343 Amount of Each Receipt this Period    |  |  |  |  |  |  |  |  |  |  |  |
|                | FEC ID number of contributing federal political committee.   | С           |   | 192.31   |  |  |  |  |  |  |  |  |  |  |  |
|                | Name of Employer (for Individual)<br>Select Medical Corporation                                    |             | cupation (for Individual)<br>nior Vice President  | Memo Item  |  |  |  |  |  |  |  |  |  |  |  |
|                | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate   | e Year-to-Date ▼<br>4807.75                       |  |  |  |  |  |  |  |  |  |  |  |  |
|                | Full Name of Individual (Last, First, Middle Initial Rusignuolo, Brian, R, Mr.,                    | ) or Full O | Drganization Name                                 | Date of Receipt  |  |  |  |  |  |  |  |  |  |  |  |
|                | Mailing Address 1339 Sconsett Way  |             |   | M = M / D = D / Y = Y = Y = Y<br>12 22 2023                          |  |  |  |  |  |  |  |  |  |  |  |
|                | City<br>New Cumberland   | State<br>PA | Zip Code<br>17070                                 | Transaction ID : A2023-2802108<br>Amount of Each Receipt this Period |  |  |  |  |  |  |  |  |  |  |  |
|                | FEC ID number of contributing federal political committee.   | С           |   | 192.25   |  |  |  |  |  |  |  |  |  |  |  |
|                | Name of Employer (for Individual)<br>Select Medical Corporation                                    |             | cupation (for Individual)<br>nior Vice President  | Memo Item  |  |  |  |  |  |  |  |  |  |  |  |
|                | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate   | e Year-to-Date ▼<br>5000.00                       |  |  |  |  |  |  |  |  |  |  |  |  |
| c.             | Full Name of Individual (Last, First, Middle Initial Ruskan, Jeffrey, J, Mr.,                      | ) or Full O | Drganization Name                                 | Date of Receipt  |  |  |  |  |  |  |  |  |  |  |  |
|                | Mailing Address 304 Beechwood Drive  |             |   | 07 / D D / Y Y Y Y<br>07 07 2023                                     |  |  |  |  |  |  |  |  |  |  |  |
|                | City<br>Richmond   | State<br>VA | Zip Code<br>23229                                 | Transaction ID : A2023-1633281<br>Amount of Each Receipt this Period |  |  |  |  |  |  |  |  |  |  |  |
|                | FEC ID number of contributing federal political committee.   | С           |   | 192.31   |  |  |  |  |  |  |  |  |  |  |  |
|                | Name of Employer (for Individual)<br>Select Medical Corporation                                    |             | cupation (for Individual)<br>sident               | Memo Item  |  |  |  |  |  |  |  |  |  |  |  |
|                | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate   | e Year-to-Date ▼<br>2692.34                       |  |  |  |  |  |  |  |  |  |  |  |  |
| S              | UBTOTAL of Receipts This Page (optional)   |             |   | 576.87   |  |  |  |  |  |  |  |  |  |  |  |
| т              | OTAL This Period (last page this line number on  | ly)         | •   |  |  |  |  |  |  |  |  |  |  |  |  |

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

| SCHEDULE A   | (FEC Form 3X) |  |
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| ITEMIZED REC | EIPTS         |  |

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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|  |   |                 |                              | Detailed Summary Page          | 2                              | < 11<br>13                         |      |       | 11b<br>14 | 11c         | -     | 12<br>16 | 17    |  |  |
|--|---|-----------------|------------------------------|--------------------------------|--------------------------------|------------------------------------|------|-------|-----------|-------------|-------|----------|-------|--|--|
| Any information copied from such Reports and Statements<br>or for commercial purposes, other than using the name and |   |                 |                              |                                |                                | for t                              | he   |       | pose of   | f solicitin |       | ontribu  | tions |  |  |
| or   |   | name and        | l addr                       | ess of any political committee | to so                          | olicit                             | COI  | ntrib | outions   | from suc    | :h co | ommitt   | ee.   |  |  |
| $\left \right\rangle$  | NAME OF COMMITTEE (In Full)   |                 |                              |                                |                                |                                    |      |       |           |             |       |          |       |  |  |
| Select Medical Corporation PAC   |   |                 |                              |                                |                                |                                    |      |       |           |             |       |          |       |  |  |
|  | Full Name of Individual (Last, First, Middle Initia                             | Date of Receipt |                              |                                |                                |                                    |      |       |           |             |       |          |       |  |  |
| Α.   | Ruskan, Jeffrey, J, Mr.,<br>Mailing Address 304 Beechwood Drive                 |                 |                              |                                | _                              |                                    |      | Re    |           |             |       | Ý Y      | 14    |  |  |
|  | Walking Address 304 Beechwood Drive   |                 |                              |                                | 07 21 2023                     |                                    |      |       |           |             |       |          |       |  |  |
|  | City  | State           |                              | Zip Code                       | Transaction ID : A2023-1635724 |                                    |      |       |           |             |       |          |       |  |  |
|  | Richmond  | VA              |                              | 23229                          | _                              | Amc                                | unt  | of    | Each F    | Receipt t   | his I | Period   |       |  |  |
|  | FEC ID number of contributing federal political committee.                      | С               |                              |                                |                                |                                    |      |       | -y 1      |             | _     | 192.     | 31    |  |  |
|  | Name of Employer (for Individual)   | 00              | ccupa                        | tion (for Individual)          |                                |                                    | M    | emo   | b Item    |             |       |          |       |  |  |
|  | Select Medical Corporation  | Pr              | reside                       | nt                             |                                |                                    |      |       |           |             |       |          |       |  |  |
|  | Receipt For:  | Aggregat        | te Yea                       | ar-to-Date 🔻                   |                                |                                    |      |       |           |             |       |          |       |  |  |
|  | Other (specify)   |                 |                              | 2884.65                        |                                |                                    |      |       |           |             |       |          |       |  |  |
|  |   |                 | -                            |                                |                                |                                    |      |       |           |             |       |          |       |  |  |
| D  | Full Name of Individual (Last, First, Middle Initia<br>Ruskan, Jeffrey, J, Mr., | l) or Full      | Orga                         | nization Name                  |                                | Date                               |      |       | eceipt    |             |       |          |       |  |  |
| р.   | Mailing Address 304 Beechwood Drive   |                 |                              |                                |                                | M                                  |      |       |           | о / с       |       | (Y       | Y     |  |  |
|  |   |                 |                              |                                |                                | 08 04 2023                         |      |       |           |             |       |          |       |  |  |
|  | City  | State<br>VA     |                              | Zip Code                       |                                | Transaction ID : A2023-1679332     |      |       |           |             |       |          |       |  |  |
|  | Richmond  | VA              | _                            | 23229                          | _                              | Amount of Each Receipt this Period |      |       |           |             |       |          |       |  |  |
|  | FEC ID number of contributing federal political committee.                      | С               |                              |                                |                                | 192.3                              |      |       |           |             |       |          | 31    |  |  |
|  | Name of Employer (for Individual)   | 00              | ccupa                        | tion (for Individual)          |                                | Memo Item                          |      |       |           |             |       |          |       |  |  |
|  | Select Medical Corporation  | P               | reside                       | ent                            |                                |                                    |      |       |           |             |       |          |       |  |  |
|  | Receipt For:  | Aggregat        | te Yea                       | ar-to-Date <b>V</b>            |                                |                                    |      |       |           |             |       |          |       |  |  |
|  | Other (specify) V   |                 |                              | 3076.96                        |                                |                                    |      |       |           |             |       |          |       |  |  |
|  |   |                 | 7                            | - <i>T</i>                     |                                |                                    |      |       |           |             |       |          |       |  |  |
| C.   | Full Name of Individual (Last, First, Middle Initia<br>Ruskan, Jeffrey, J, Mr., | l) or Full      | Orga                         | nization Name                  |                                | Date                               | e of | Re    | eceipt    |             |       |          |       |  |  |
|  | Mailing Address 304 Beechwood Drive   |                 |                              |                                |                                |                                    | 8    | 1     | 18        |             |       | 023      | Y     |  |  |
|  | City  | State           |                              | Zip Code                       |                                | Tra                                | ans  | act   | ion ID :  | A2023-      | 188   | 5008     |       |  |  |
|  | Richmond  | VA              |                              | 23229                          | _                              | Amc                                | unt  | t of  | Each F    | Receipt t   | his I | Period   |       |  |  |
|  | FEC ID number of contributing federal political committee.                      | С               |                              |                                |                                |                                    |      |       |           |             |       | 192.     | 31    |  |  |
|  | · · · · · · · · · · · · · · · · · · ·   |                 |                              |                                |                                |                                    | ь.   |       | ltom      |             |       |          |       |  |  |
|  | Name of Employer (for Individual)<br>Select Medical Corporation                 |                 | ccupa <sup>.</sup><br>reside | tion (for Individual)<br>nt    |                                | Memo Item                          |      |       |           |             |       |          |       |  |  |
|  | Receipt For:  |                 |                              | ar-to-Date <b>V</b>            | $\neg$                         |                                    |      |       |           |             |       |          |       |  |  |
|  | Primary General   |                 |                              |                                |                                |                                    |      |       |           |             |       |          |       |  |  |
|  | Other (specify)   |                 | -                            | 3269.27                        |                                |                                    |      |       |           |             |       |          |       |  |  |
| Г  |   |                 |                              |                                |                                |                                    |      | -     |           |             | _     | _        | _     |  |  |
| s  | UBTOTAL of Receipts This Page (optional)  |                 |                              | ••••••                         |                                |                                    |      |       | ,         |             |       | 576.     | 93    |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

FOR LINE NUMBER:

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|                       |   |                   |               | Detailed Summary Page          |         | 11a  |      | 11b      |   |      |    | 12     | <u> </u> |  |  |  |  |
|-----------------------|---|-------------------|---------------|--------------------------------|---------|--|------|----------|---|------|----|--------|----------|--|--|--|--|
|                       | y information copied from such Reports and                                      |                   |               |                                |         |  |      | irpose d | 14       15       16         pose of soliciting contributions trom such committee.         ceipt       01       2023         01       2023       19231         on ID : A2023-1924783       192.31         Each Receipt this Period       192.31         Item       192.31         Item       192.31         Item       192.31         Item       192.31         Item       192.31         Item       192.31 |      |    |        |          |  |  |  |  |
| or                    | for commercial purposes, other than using th<br>NAME OF COMMITTEE (In Full)     | e name and a      | addre         | ess of any political committee | e to so | IICIT CO   | ntr  | iputions | from  | such | CO | mmitte | эе.      |  |  |  |  |
| $\left \right\rangle$ | Select Medical Corporation PA   | С                 |               |                                |         |  |      |          |   |      |    |        |          |  |  |  |  |
| <u>к</u>              | Full Name of Individual (Last, First, Middle In Ruskan, Jeffrey, J, Mr.,        | iitial) or Full C | )rgai         | nization Name                  |         | Date of Receipt  |      |          |   |      |    |        |          |  |  |  |  |
|                       | Mailing Address 304 Beechwood Drive   |                   |               |                                |         |  |      |          |   |      |    |        |          |  |  |  |  |
|                       | City<br>Richmond  | State<br>VA       |               | Zip Code<br>23229              |         | Transaction ID : A2023-1924783<br>Amount of Each Receipt this Period |      |          |   |      |    |        |          |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.                      | С                 | _             |                                |         |  |      |          |   |      |    |        |          |  |  |  |  |
|                       | Name of Employer (for Individual)<br>Select Medical Corporation                 |                   | cupat<br>side | tion (for Individual)<br>nt    |         | N  | lerr | no Item  |   |      |    |        |          |  |  |  |  |
|                       | Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate         | Yea           | ar-to-Date ▼<br>3461.58        | ]       |  |      |          |   |      |    |        |          |  |  |  |  |
| в.                    | Full Name of Individual (Last, First, Middle In Ruskan, Jeffrey, J, Mr.,        | iitial) or Full C | )rgai         | nization Name                  |         | Date c   | of F | leceipt  |   |      |    |        |          |  |  |  |  |
|                       | Mailing Address 304 Beechwood Drive   |                   |               |                                |         |  |      |          |   |      |    |        |          |  |  |  |  |
|                       | City<br>Richmond  | State<br>VA       |               | Zip Code<br>23229              |         |  |      |          |   |      |    |        |          |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.                      | С                 |               | 192.31<br>Memo Item            |         |  |      |          |   |      |    |        |          |  |  |  |  |
|                       | Name of Employer (for Individual)<br>Select Medical Corporation                 | Occ<br>Pre        |               |                                |         |  |      |          |   |      |    |        |          |  |  |  |  |
|                       | Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate         | ]             |                                |         |  |      |          |   |      |    |        |          |  |  |  |  |
| <u>с</u> .            | Full Name of Individual (Last, First, Middle In Ruskan, Jeffrey, J, Mr.,        | itial) or Full C  | )rgai         | nization Name                  |         | Date c   | of F | leceipt  |   |      |    |        |          |  |  |  |  |
|                       | Mailing Address 304 Beechwood Drive   |                   |               |                                |         | M M / D D / Y Y Y Y Y  |      |          |   |      |    |        |          |  |  |  |  |
|                       | City<br>Richmond  | State<br>VA       |               | Zip Code<br>23229              |         |  |      |          |   |      |    |        |          |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.                      | С                 | _             |                                |         |  |      |          |   |      |    |        |          |  |  |  |  |
|                       | Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For: | Pres              | side          |                                |         | N  | len  | no Item  |   |      |    |        |          |  |  |  |  |
|                       | Primary General<br>Other (specify)  | Aggregate         | Yea           | ar-to-Date ▼<br>3846.20        | ]       |  |      |          |   |      |    |        |          |  |  |  |  |
| s                     | UBTOTAL of Receipts This Page (optional)  |                   |               | )                              |         |  |      | ,        |   | 9    |    | 576.9  | 93       |  |  |  |  |
| Т                     | OTAL This Period (last page this line number                                    | only)             |               |                                |         |  |      |          |   | -    |    |        | -        |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |  |
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| ITEMIZED REC | EIPTS         |  |

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

| Any information copied from such Reports and<br>or for commercial purposes, other than using<br>NAME OF COMMITTEE (In Full) | the name and a  |                                    | X       11a       11b       11c       12         13       14       15       16       17         erson for the purpose of soliciting contributions e to solicit contributions from such committee.       10       10   |  |  |  |  |  |  |  |  |
|---|---|------------------------------------|---|--|--|--|--|--|--|--|--|
| or for commercial purposes, other than using  | the name and a  |                                    |   |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   | AC  |                                    |   |  |  |  |  |  |  |  |  |
|   | AC  |                                    |   |  |  |  |  |  |  |  |  |
| Select Medical Corporation P  |   |                                    |   |  |  |  |  |  |  |  |  |
| A. Ruskan, Jeffrey, J, Mr.,   |   |                                    |   |  |  |  |  |  |  |  |  |
| Mailing Address 304 Beechwood Drive   | 10 / Y Y Y Y<br>2023  |                                    |   |  |  |  |  |  |  |  |  |
| City<br>Richmond  | State<br>VA   | Zip Code<br>23229                  | Transaction ID : A2023-2294529<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С   |                                    | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation   |   | upation (for Individual)<br>sident | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼<br>4038.51          | 1   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>B. Ruskan, Jeffrey, J, Mr.,   | Initial) or Full C  | Prganization Name                  | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address 304 Beechwood Drive   |   |                                    | M         M         /         D         D         /         Y |  |  |  |  |  |  |  |  |
| City  | State   | Zip Code                           |   |  |  |  |  |  |  |  |  |
| Richmond  | VA  | Amount of Each Receipt this Period |   |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С   |                                    | 192.31  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation   |   | upation (for Individual)<br>sident | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Receipt For:     Aggregate Year-to-Date ▼       Primary     General |                                    |   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>C. Ruskan, Jeffrey, J, Mr.,   | Initial) or Full C  | organization Name                  | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address 304 Beechwood Drive   |   |                                    | M M / D D / Y Y Y Y<br>11 10 2023   |  |  |  |  |  |  |  |  |
| City<br>Richmond  | State<br>VA   | Zip Code<br>23229                  | Transaction ID : A2023-2465134<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С   |                                    | 192.31  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation   |   | upation (for Individual)<br>sident | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate   | Year-to-Date ▼<br>4423.13          | 1   |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)<br>TOTAL This Period (last page this line numb                                    |   |                                    | 576.93  |  |  |  |  |  |  |  |  |

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| SCHEDULE A   | (FEC Form 3X) |
|--------------|---------------|
| ITEMIZED REC | EIPTS         |

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|                       | EMIZED RECEIPTS   |              |                | or each category of the<br>Detailed Summary Page | × | 11a<br>13   |       | 11b<br>14 | 11c<br>15 | 12<br>16 | 17  |  |  |  |  |
|-----------------------|---|--------------|----------------|--|---|---|-------|-----------|-----------|----------|-----|--|--|--|--|
|                       | ny information copied from such Reports and Stat<br>for commercial purposes, other than using the n                     |              |                |  |   |   |       |           |           |          |     |  |  |  |  |
| $\left[ \right]$      | NAME OF COMMITTEE (In Full)   |              |                |  |   |   |       |           |           |          |     |  |  |  |  |
| $\left \right\rangle$ | Select Medical Corporation PAC  |              |                |  |   |   |       |           |           |          |     |  |  |  |  |
| Α.                    | Full Name of Individual (Last, First, Middle Initial<br>Ruskan, Jeffrey, J, Mr.,<br>Mailing Address 304 Beechwood Drive | l) or Full C | Drgar          | nization Name                                    |   | Date of Receipt   |       |           |           |          |     |  |  |  |  |
|                       | City  | State        |                | Zip Code   |   | 11 24 2023<br>Transaction ID : A2023-2587541  |       |           |           |          |     |  |  |  |  |
|                       | Richmond  | VA           |                | 23229  |   | Amount of Each Receipt this Period  |       |           |           |          |     |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.  | С            |                |  |   |   |       |           | 7         | 192      | .31 |  |  |  |  |
|                       | Name of Employer (for Individual)<br>Select Medical Corporation   |              | upat<br>side   | ion (for Individual)<br>nt                       |   | N   | 1em   | o Item    |           |          |     |  |  |  |  |
|                       |   | Aggregate    | Yea            | ır-to-Date ▼                                     |   |   |       |           |           |          |     |  |  |  |  |
|                       | Other (specify)   |              | -              | 4615.44  |   |   |       |           |           |          |     |  |  |  |  |
| В.                    | Full Name of Individual (Last, First, Middle Initial<br>Ruskan, Jeffrey, J, Mr.,  | l) or Full C | Orgar          | nization Name                                    |   | Date o  | of Re | eceipt    |           |          |     |  |  |  |  |
|                       | Mailing Address 304 Beechwood Drive   |              |                |  |   | Max       /       D       D       /       Y |       |           |           |          |     |  |  |  |  |
|                       | City<br>Richmond  | State<br>VA  |                | Zip Code<br>23229                                |   |   |       |           |           |          |     |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.  | С            | C              |  |   |   |       | 192.31    |           |          |     |  |  |  |  |
|                       | Name of Employer (for Individual)<br>Select Medical Corporation   |              | cupat<br>eside | tion (for Individual)<br>nt                      |   | Memo Item   |       |           |           |          |     |  |  |  |  |
|                       | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate    | Yea            | ur-to-Date ▼<br>4807.75                          |   |   |       |           |           |          |     |  |  |  |  |
| <u>с</u> .            | Full Name of Individual (Last, First, Middle Initial Ruskan, Jeffrey, J, Mr.,   | l) or Full C | Drgar          | nization Name                                    |   | Date c  | of Re | eceipt    |           |          |     |  |  |  |  |
|                       | Mailing Address 304 Beechwood Drive   |              |                | -  |   | 12 22 2023  |       |           |           |          |     |  |  |  |  |
|                       | City<br>Richmond  | State<br>VA  |                | Zip Code<br>23229                                |   | Transaction ID : A2023-2802141<br>Amount of Each Receipt this Period  |       |           |           |          |     |  |  |  |  |
|                       | FEC ID number of contributing federal political committee.  | С            |                |  |   |   |       | ,         |           | 192      | .25 |  |  |  |  |
|                       | Name of Employer (for Individual)<br>Select Medical Corporation   | Occ<br>Pres  | •              | ion (for Individual)<br>nt                       |   | N   | /lem  | o Item    |           |          |     |  |  |  |  |
|                       | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate    | Yea            | r-to-Date ▼<br>5000.00                           |   |   |       |           |           |          |     |  |  |  |  |
| s                     | UBTOTAL of Receipts This Page (optional)  |              |                | •  |   |   | -     | y .       |           | 576      | .87 |  |  |  |  |
| т                     | OTAL This Period (last page this line number on   | ly)          |                |  |   |   |       | -         |           |          |     |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
|--------------|---------------|
| ITEMIZED REC | EIPTS         |

FOR LINE NUMBER:

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| TIEMIZED RECEIPTS   |   | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         16 |  |  |  |  |  |  |  |
|---|---|---|---|--|--|--|--|--|--|--|
|   |   |   | person for the purpose of soliciting contributions<br>be to solicit contributions from such committee.    |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |   |   |   |  |  |  |  |  |  |  |
| Select Medical Corporat   | ion PAC   |   |   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First,<br>Saich, John, A, Mr.,<br>Mailing Address 111 Daisy Ln | Middle Initial) or Full O   | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |
| <u></u>   |   |   | 10 06 2023  |  |  |  |  |  |  |  |
| City  | State<br>PA   | Zip Code<br>17078-9202                            | Transaction ID : A2023-2224585  |  |  |  |  |  |  |  |
| Palmyra   | ГА  | 17078-9202  | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                    | C   |   | 5000.00   |  |  |  |  |  |  |  |
| Name of Employer (for Individual)   | Occ   | upation (for Individual)                          | Memo Item   |  |  |  |  |  |  |  |
| Select Medical Corporation  | Exe   | cutive Vice President Chief HR C                  | )   |  |  |  |  |  |  |  |
| Receipt For:  | Aggregate   | Year-to-Date ▼                                    | —   |  |  |  |  |  |  |  |
| Primary General   | 1.55.05410  |   | -   |  |  |  |  |  |  |  |
| Other (specify) <b>v</b>  |   | 5000.00   |   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, <b>B.</b> Schmidt, Megan, P, Ms.,                       | Middle Initial) or Full O   | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |
| Mailing Address 204 Forest Lane No  | rth   |   | M M / D D / Y Y Y Y<br>07 07 2023   |  |  |  |  |  |  |  |
| City  | State   | Zip Code  | Transaction ID : A2023-1633260  |  |  |  |  |  |  |  |
| Blountville   | TN  | 37617   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                    | C   |   | 115.39  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)   | Occ   | upation (for Individual)                          | Memo Item   |  |  |  |  |  |  |  |
| Select Medical Corporation  |   | President   | -   |  |  |  |  |  |  |  |
| Receipt For:  | Aggregate   | Year-to-Date ▼                                    | —   |  |  |  |  |  |  |  |
| Primary General   | Aggrogato   |   | -   |  |  |  |  |  |  |  |
| Other (specify) <b>v</b>  |   | 1615.46   | 1   |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, C. Schmidt, Megan, P, Ms.,                              | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Schmidt, Megan, P, Ms., |   |   |  |  |  |  |  |  |  |
| Mailing Address 204 Forest Lane No  | Mailing Address 204 Forest Lane North   |   |   |  |  |  |  |  |  |  |
| City  | State   | Zip Code  | Transaction ID : A2023-1635703  |  |  |  |  |  |  |  |
| Blountville   | TN  | 37617   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                    | C   |   | 115.39  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation                               |   | upation (for Individual)<br>President             | Memo Item   |  |  |  |  |  |  |  |
| Receipt For:  | Aggregate   | Year-to-Date 🔻                                    |   |  |  |  |  |  |  |  |
| Other (specify)   |   | 1730.85   | ]   |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (o   | ptional)  |   | 5230.78   |  |  |  |  |  |  |  |

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

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| SCHEDULE A   | (FEC Form 3X) |
|--------------|---------------|
| ITEMIZED REC | EIPTS         |

FOR LINE NUMBER:

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| '         |  |               |       | Detailed Summary Page              |          | -                   |       | 11b      | 11c              | 12          |              |  |  |  |  |  |
|-----------|--|---------------|-------|------------------------------------|----------|---------------------|-------|----------|------------------|-------------|--------------|--|--|--|--|--|
| ۸n        | y information copied from such Reports and Sta                                 |               |       | not be sold or used by any a       | erson    | 13<br>for the       |       | 14       | 15<br>soliciting | 16          | 17<br>Itions |  |  |  |  |  |
|           | for commercial purposes, other than using the r                                |               |       |                                    |          |                     |       |          |                  |             |              |  |  |  |  |  |
|           | NAME OF COMMITTEE (In Full)  |               |       |                                    |          | _                   |       |          |                  |             |              |  |  |  |  |  |
|           | Select Medical Corporation PAC   |               | _     |                                    |          |                     | _     |          |                  |             |              |  |  |  |  |  |
|           | Full Name of Individual (Last, First, Middle Initia<br>Schmidt, Megan, P, Ms., | al) or Full ( | Orga  | inization Name                     |          | Date o              | f Pr  | ceint    |                  |             |              |  |  |  |  |  |
| Α.        | Mailing Address 204 Forest Lane North  |               |       |                                    |          |                     |       |          | 1                | VV          | Y            |  |  |  |  |  |
|           |  |               |       |                                    |          | 08 04 2023          |       |          |                  |             |              |  |  |  |  |  |
|           | City   | State         |       | Zip Code                           |          | Tran                | sact  | ion ID : | A2023-1          | 679311      |              |  |  |  |  |  |
|           | Blountville  | TN            | _     | 37617                              | '        | Amour               | nt of | Each R   | eceipt th        | is Period   |              |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.                     | С             | _     |                                    |          |                     | _     | -        | -                | 115.        |              |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation                |               |       | ation (for Individual)<br>resident |          | N                   | 1ema  | o Item   |                  |             |              |  |  |  |  |  |
|           | Receipt For:   |               |       | ar-to-Date 🔻                       |          |                     |       |          |                  |             |              |  |  |  |  |  |
|           | Primary General  | 55 . 54.4     | -     | 1846.24                            | 1        |                     |       |          |                  |             |              |  |  |  |  |  |
|           | Other (specify) <b>v</b>   | L             |       | 1040.24                            | 1        |                     |       |          |                  |             |              |  |  |  |  |  |
|           | Full Name of Individual (Last, First, Middle Initia<br>Schmidt, Megan, P, Ms., | al) or Full ( | Orga  | inization Name                     |          | Date c              | of Re | ceipt    |                  |             |              |  |  |  |  |  |
| -         | Mailing Address 204 Forest Lane North  |               |       |                                    |          | 08                  |       | D D D 18 | / Y              | y y<br>2023 | Y            |  |  |  |  |  |
|           | City   | State         |       | Zip Code                           |          | Trans               | sact  | ion ID : | A2023-1          | 884987      |              |  |  |  |  |  |
|           | Blountville  | TN            |       | 37617                              | '        | Amour               | nt of | Each R   | eceipt th        | is Period   |              |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.                     | С             | _     |                                    |          | 115.39<br>Memo Item |       |          |                  |             |              |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation                |               | •     | ation (for Individual)<br>resident |          |                     |       |          |                  |             |              |  |  |  |  |  |
|           | Receipt For:   | Aggregate     | ) Yea | ar-to-Date 🔻                       |          |                     |       |          |                  |             |              |  |  |  |  |  |
|           | Primary General<br>Other (specify) ▼   |               | ,     | , 1961.63                          | ]        |                     |       |          |                  |             |              |  |  |  |  |  |
| <u>с.</u> | Full Name of Individual (Last, First, Middle Initia<br>Schmidt, Megan, P, Ms., | al) or Full ( | Orga  | inization Name                     |          | Date c              | of Re | ceipt    |                  |             |              |  |  |  |  |  |
|           | Mailing Address 204 Forest Lane North  |               | _     |                                    |          | 09                  | /     | 01       | / Y              | 2023        | Y            |  |  |  |  |  |
|           | City   | State         |       | Zip Code                           |          |                     |       | -        | A2023-1          |             |              |  |  |  |  |  |
|           | Blountville  | TN            |       | 37617                              | <u> </u> | Amour               | nt of | Each R   | eceipt th        | is Period   |              |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.                     | С             | _     |                                    |          | Ľ                   | -     | y        | -<br>y           | 115.        | 39           |  |  |  |  |  |
|           | Name of Employer (for Individual)  |               | •     | ation (for Individual)             |          | Memo Item           |       |          |                  |             |              |  |  |  |  |  |
|           | Select Medical Corporation   | Vic           | e Pr  | esident                            |          |                     |       |          |                  |             |              |  |  |  |  |  |
|           | Receipt For:<br>Primary General  | Aggregate     | ) Ye  | ar-to-Date ▼                       |          |                     |       |          |                  |             |              |  |  |  |  |  |
|           | Other (specify)  |               | -     | 2077.02                            |          |                     |       |          |                  |             |              |  |  |  |  |  |
| s         | UBTOTAL of Receipts This Page (optional)                                       | ,             |       |                                    | ►        |                     | -     |          |                  | 346.        | 17           |  |  |  |  |  |
|           | OTAL This Period (last page this line number or                                |               |       |                                    | •        |                     |       | <b>T</b> |                  |             |              |  |  |  |  |  |

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| SCHEDULE A   | (FEC Form 3X) |
|--------------|---------------|
| ITEMIZED REC | EIPTS         |

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|                  | EMIZED RECEIPTS   |               |                           | h category of the d Summary Page | × | 11a<br>13  | 11b       | 11c                     | 12<br>16   | 17  |  |  |  |
|------------------|---|---------------|---------------------------|----------------------------------|---|------------|-----------|-------------------------|------------|-----|--|--|--|
|                  | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |                           |                                  |   |            |           |                         |            |     |  |  |  |
| $\left[ \right]$ | NAME OF COMMITTEE (In Full)   |               |                           |                                  |   |            |           |                         |            |     |  |  |  |
| $\backslash$     | Select Medical Corporation PAC  | ;             |                           |                                  |   |            |           |                         |            |     |  |  |  |
| Α.               | Full Name of Individual (Last, First, Middle Initia<br>Schmidt, Megan, P, Ms.,                  | al) or Full C | organization              | n Name                           | [ | Date of    | f Receipt |                         |            |     |  |  |  |
|                  | Mailing Address 204 Forest Lane North   |               |                           |                                  |   | 09 15 2023 |           |                         |            |     |  |  |  |
|                  | City<br>Blountville   | State<br>TN   | Zip C<br>376              |                                  |   |            |           | : A2023-2<br>Receipt th |            | k   |  |  |  |
|                  | FEC ID number of contributing federal political committee.                                      | С             |                           |                                  |   |            | · · · ·   |                         | 115        | .39 |  |  |  |
|                  | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | upation (fo               | r Individual)<br>t               |   | M          | emo Item  |                         |            |     |  |  |  |
|                  | Receipt For:  | Aggregate     | Year-to-Da                | ate 🔻                            |   |            |           |                         |            |     |  |  |  |
|                  | Primary General<br>Other (specify) ▼  |               |                           | 2192.41                          | ] |            |           |                         |            |     |  |  |  |
| в.               | Full Name of Individual (Last, First, Middle Initia<br>Schmidt, Megan, P, Ms.,                  | al) or Full C | rganizatio                | n Name                           |   | Date of    | f Receipt |                         |            |     |  |  |  |
|                  | Mailing Address 204 Forest Lane North   |               |                           |                                  |   | 09 29 2023 |           |                         |            |     |  |  |  |
|                  | City  | State         | Zip C                     | ode                              |   | Trans      | action ID | : A2023-2               | 130245     |     |  |  |  |
|                  | Blountville   | TN            | 376                       | 17                               | A | Amount     | t of Each | Receipt th              | nis Perioc | k   |  |  |  |
|                  | FEC ID number of contributing<br>federal political committee.                                   | С             |                           | 115.39                           |   |            |           |                         |            |     |  |  |  |
|                  | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | upation (fo<br>e Presiden | or Individual)<br>t              |   | Memo Item  |           |                         |            |     |  |  |  |
|                  | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Da                | ate ▼<br>2307.80                 |   |            |           |                         |            |     |  |  |  |
| <u> </u>         | Full Name of Individual (Last, First, Middle Initia<br>Schmidt, Megan, P, Ms.,                  | al) or Full C | organization              | n Name                           |   | Date of    | f Receipt |                         |            |     |  |  |  |
|                  | Mailing Address 204 Forest Lane North   |               |                           |                                  |   | 10 13 2023 |           |                         |            |     |  |  |  |
|                  | City<br>Blountville   | State<br>TN   | Zip C<br>376              |                                  |   |            |           | : A2023-2               |            |     |  |  |  |
|                  |   |               | 570                       | 17                               | / | Amount     | t of Each | Receipt th              | nis Perioo | t i |  |  |  |
|                  | FEC ID number of contributing federal political committee.                                      | С             |                           |                                  |   | 115.39     |           |                         |            |     |  |  |  |
|                  | Name of Employer (for Individual)   |               | • •                       | r Individual)                    |   | Memo Item  |           |                         |            |     |  |  |  |
|                  | Select Medical Corporation Receipt For:   |               | President                 |                                  | _ |            |           |                         |            |     |  |  |  |
|                  | Primary General   | Aggregate     | Year-to-Da                | ate 🔻                            |   |            |           |                         |            |     |  |  |  |
|                  | Other (specify)   |               |                           | 2423.19                          |   |            |           |                         |            |     |  |  |  |
| s                | UBTOTAL of Receipts This Page (optional)  |               |                           |                                  | • |            |           |                         | 346        | .17 |  |  |  |
| Т                | OTAL This Period (last page this line number o  | nly)          |                           | •••••••                          |   |            |           |                         |            |     |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
|--------------|---------------|
| ITEMIZED REC | EIPTS         |

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| 11        | EMIZED RECEIPTS  |                 | for each category of the<br>Detailed Summary Page | X 11a 11b 11c 12<br>13 14 15 16 17  |
|-----------|--|-----------------|---|---|
|           |  |                 |   | ny person for the purpose of soliciting contributions<br>nittee to solicit contributions from such committee. |
|           | NAME OF COMMITTEE (In Full)  |                 |   |   |
| $\rangle$ | Select Medical Corporation PAG   | C               |   |   |
| Α.        | Full Name of Individual (Last, First, Middle Ini<br>Schmidt, Megan, P, Ms.,<br>Mailing Address 204 Forest Lane North | tial) or Full C | Drganization Name                                 | Date of Receipt   |
|           |  |                 |   | 10 27 2023  |
|           | City   | State           | Zip Code  | Transaction ID : A2023-2353852  |
|           | Blountville  | TN              | 37617   | Amount of Each Receipt this Period  |
|           | FEC ID number of contributing federal political committee.   | С               |   | 115.39  |
|           | Name of Employer (for Individual)  | Occ             | cupation (for Individual)                         | Memo Item   |
|           | Select Medical Corporation   | Vice            | e President                                       |   |
|           | Receipt For:   | Aggregate       | Year-to-Date V                                    |   |
|           | Primary General  |                 |   |   |
|           | Other (specify) <b>v</b>   |                 | 2538.58   |   |
| В.        | Full Name of Individual (Last, First, Middle Ini<br>Schmidt, Megan, P, Ms.,  | tial) or Full C | Drganization Name                                 | Date of Receipt   |
|           | Mailing Address 204 Forest Lane North  |                 |   | 11 / D D / Y Y Y Y Y<br>11 10 2023  |
|           | City   | State           | Zip Code  | Transaction ID : A2023-2465172  |
|           | Blountville  | TN              | 37617   | Amount of Each Receipt this Period  |
|           | FEC ID number of contributing federal political committee.   | C               |   | 115.39  |
|           | Name of Employer (for Individual)  | Occ             | cupation (for Individual)                         | Memo Item   |
|           | Select Medical Corporation   |                 | e President                                       |   |
|           | Receipt For:   | Aggregate       | Year-to-Date V                                    |   |
|           | Primary General  | 33 - 3          |   |   |
|           | Other (specify) <b>v</b>   |                 | 2653.97   |   |
| с.        | Full Name of Individual (Last, First, Middle Ini<br>Schmidt, Megan, P, Ms.,  | tial) or Full C | Drganization Name                                 | Date of Receipt   |
|           | Mailing Address 204 Forest Lane North  |                 |   | 11 / D D / Y Y Y Y<br>11 24 2023  |
|           | City   | State           | Zip Code  | Transaction ID : A2023-2587519  |
|           | Blountville  | TN              | 37617   | Amount of Each Receipt this Period  |
|           | EC ID number of contributing ederal political committee.   |                 |   | 115.39  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation  |                 | cupation (for Individual)<br>e President          | Memo Item   |
|           | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate       | Year-to-Date ▼<br>2769.36                         |   |
| s         | UBTOTAL of Receipts This Page (optional)   |                 |   | > 346.17  |

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

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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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

|              | EMIZED RECEIPTS  |               | Detailed Summary Page                 | $\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$ |  |  |  |  |  |
|--------------|--|---------------|---------------------------------------|---|--|--|--|--|--|
|              | ny information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |                                       | erson for the purpose of soliciting contributions   |  |  |  |  |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)  |               |                                       |   |  |  |  |  |  |
|              | Select Medical Corporation PAC   | ;             |                                       |   |  |  |  |  |  |
| Α.           | Full Name of Individual (Last, First, Middle Initi<br>Schmidt, Megan, P, Ms.,                    | al) or Full O | rganization Name                      | Date of Receipt   |  |  |  |  |  |
|              | Mailing Address 204 Forest Lane North  | <b>0</b>      |                                       | 12 / D D / Y Y Y Y<br>2023  |  |  |  |  |  |
|              | City<br>Blountville  | State<br>TN   | Zip Code<br>37617                     | Transaction ID : A2023-2726354  |  |  |  |  |  |
|              |  |               | 57017                                 | Amount of Each Receipt this Period  |  |  |  |  |  |
|              | FEC ID number of contributing federal political committee.                                       | С             |                                       | 115.39  |  |  |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                  |               | upation (for Individual)<br>President | Memo Item   |  |  |  |  |  |
|              | Receipt For:   |               | Year-to-Date ▼                        |   |  |  |  |  |  |
|              | Primary General  | Ayyreyale     |                                       |   |  |  |  |  |  |
|              | Other (specify) V  | L             | 2884.75                               | 1   |  |  |  |  |  |
|              | Full Name of Individual (Last, First, Middle Initi   | al) or Full O | rganization Name                      |   |  |  |  |  |  |
| Β.           | Schmidt, Megan, P, Ms.,  |               |                                       | Date of Receipt   |  |  |  |  |  |
|              | Mailing Address 204 Forest Lane North  |               |                                       | 12 22 2023  |  |  |  |  |  |
|              | City   | State         | Zip Code                              | Transaction ID : A2023-2802119  |  |  |  |  |  |
|              | Blountville  | TN            | 37617                                 | Amount of Each Receipt this Period  |  |  |  |  |  |
|              | FEC ID number of contributing federal political committee.                                       | С             |                                       | 115.25  |  |  |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                  |               | upation (for Individual)<br>President | Memo Item   |  |  |  |  |  |
|              | Receipt For:   | Aggregate     | Year-to-Date ▼                        |   |  |  |  |  |  |
|              | Primary General  | , iggi oguto  |                                       | 1   |  |  |  |  |  |
|              | Other (specify) V  | L             | 3000.00                               | 1   |  |  |  |  |  |
| с.           | Full Name of Individual (Last, First, Middle Initi Shovlin, Tyler, J, ,                          | al) or Full O | rganization Name                      | Date of Receipt   |  |  |  |  |  |
|              | Mailing Address 2910 Legacy Commons Plz Ap<br>Suite 1050   | ot 308        |                                       | M M / D D / Y Y Y Y<br>07 07 2023   |  |  |  |  |  |
|              | City   | State         | Zip Code                              | Transaction ID : A2023-1633262  |  |  |  |  |  |
|              | Omaha  | NE            | 68130-1849                            | Amount of Each Receipt this Period  |  |  |  |  |  |
|              | FEC ID number of contributing federal political committee.                                       | С             |                                       | 115.39  |  |  |  |  |  |
|              |  |               | upation (for Individual)<br>President | Memo Item   |  |  |  |  |  |
|              | Receipt For:   |               |                                       |   |  |  |  |  |  |
|              | Primary General  | Aggregate     | Year-to-Date ▼                        |   |  |  |  |  |  |
|              | Other (specify)  |               | 1615.46                               | 1   |  |  |  |  |  |
| s            | UBTOTAL of Receipts This Page (optional)   |               |                                       | 346.03  |  |  |  |  |  |
| 1            |  |               |                                       |   |  |  |  |  |  |

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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| ITEMIZED RECEIPTS   |   | for each category of the<br>Detailed Summary Page  | X         11a         11b         11c         12           13         14         15         16         17  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| or for commercial purposes, other than using  |   |  | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.       |  |  |  |  |
| NAME OF COMMITTEE (In Full) Select Medical Corporation  | PAC                                     |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>A. Shovlin, Tyler, J, ,<br>Mailing Address 2910 Legacy Commons F<br>Suite 1050<br>City<br>Omaha<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:<br>Primary General | Plz Apt 308<br>State<br>NE<br>C<br>Vice | Zip Code<br>68130-1849<br>upation (for Individual)<br>e President<br>Year-to-Date ▼          | Date of Receipt  |  |  |  |  |
| Conter (specify) ▼<br>Full Name of Individual (Last, First, Middle<br>B. Shovlin, Tyler, J, ,<br>Mailing Address 2910 Legacy Commons F  | -                                       | rganization Name   | Date of Receipt  |  |  |  |  |
| Suite 1050<br>City<br>Omaha<br>FEC ID number of contributing<br>federal political committee.  | State<br>NE<br>C                        | Zip Code<br>68130-1849<br>upation (for Individual)   | Transaction ID : A2023-1679313       Amount of Each Receipt this Period       115.39       Memo Item       |  |  |  |  |
| Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼   |   | e President<br>Year-to-Date ▼<br>1846.24   | ]  |  |  |  |  |
| C. Full Name of Individual (Last, First, Middl<br>Shovlin, Tyler, J, ,<br>Mailing Address 2910 Legacy Commons I<br>Suite 1050   | Plz Apt 308                             | rganization Name   | Date of Receipt  |  |  |  |  |
| City<br>Omaha<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:<br>Primary General<br>Other (specify)   | Vice                                    | Zip Code<br>68130-1849<br>upation (for Individual)<br>President<br>Year-to-Date ▼<br>1961.63 | Transaction ID : A2023-1884989         Amount of Each Receipt this Period         115.39         Memo Item |  |  |  |  |
| SUBTOTAL of Receipts This Page (optiona   | l)                                      | ······ )   | 346.17   |  |  |  |  |
| TOTAL This Period (last page this line nun  | ber only)                               |  |  |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED RECEIPTS   |   | for each category of the<br>Detailed Summary Page  | X         11a         11b         11c         12           13         14         15         16         17                        |
|---|---|--|--|
| or for commercial purposes, other than usin   |   |  | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.                             |
| NAME OF COMMITTEE (In Full) Select Medical Corporation  |   |  |  |
| Full Name of Individual (Last, First, Midd<br>A. Shovlin, Tyler, J, ,<br>Mailing Address 2910 Legacy Commons<br>Suite 1050<br>City<br>Omaha<br>FEC ID number of contributing<br>(downloading powerities   |   | Zip Code<br>68130-1849   | Date of Receipt  |
| federal political committee.          Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         □       Primary         □       General         □       Other (specify)   | Occ<br>Vice                             | upation (for Individual)<br>e President<br>Year-to-Date ▼<br>2077.02                           | Memo Item  |
| Full Name of Individual (Last, First, Midd         B.       Shovlin, Tyler, J, ,         Mailing Address 2910 Legacy Commons         Suite 1050         City         Omaha         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ | Plz Apt 308<br>State<br>NE<br>C<br>Vice | Zip Code<br>68130-1849<br>upation (for Individual)<br>e President<br>Year-to-Date ▼<br>2192.41 | Date of Receipt  |
| Full Name of Individual (Last, First, Midd         Shovlin, Tyler, J, ,         Mailing Address 2910 Legacy Commons         Suite 1050         City         Omaha         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify)            | Plz Apt 308<br>State<br>NE<br>C<br>Vice | Zip Code<br>68130-1849<br>upation (for Individual)<br>President<br>Year-to-Date ▼<br>2307.80   | Date of Receipt<br>09 / 29 / 2023<br>Transaction ID : A2023-2130247<br>Amount of Each Receipt this Period<br>115.39<br>Memo Item |
| SUBTOTAL of Receipts This Page (option  | ,                                       |  | 346.17   |
| TOTAL This Period (last page this line nu   | mber only)                              | ······ ]   |  |

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| ITEMIZED RECEIPTS   |                      | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |
|---|----------------------|---|---|--|--|--|--|--|--|
| or for commercial purposes, other than using  |                      |   | erson for the purpose of soliciting contributions<br>to solicit contributions from such committee.        |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |                      |   |   |  |  |  |  |  |  |
| Select Medical Corporation  | PAC                  |   |   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>A. Shovlin, Tyler, J, ,<br>Mailing Address 2910 Legacy Commons I |                      | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
| Suite 1050  | 1                    | Zin Operate                                       | 10 13 2023  |  |  |  |  |  |  |
| City<br>Omaha   | State<br>NE          | Zip Code<br>68130-1849                            | Transaction ID : A2023-2294509 Amount of Each Receipt this Period   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С                    |   |   |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation   |                      | upation (for Individual)<br>President             | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate            | Year-to-Date ▼<br>2423.19                         | ]   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>B. Shovlin, Tyler, J, ,  | e Initial) or Full C | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 2910 Legacy Commons F<br>Suite 1050   |                      |   | 10 / Y Y Y Y<br>27 2023   |  |  |  |  |  |  |
| City<br>Omaha   | State<br>NE          | Zip Code<br>68130-1849                            | Transaction ID : A2023-2353854  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С                    |   | Amount of Each Receipt this Period  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation   |                      | upation (for Individual)<br>e President           | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate            | Year-to-Date ▼<br>2538.58                         | ]   |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middl<br>C. Shovlin, Tyler, J, ,  | e Initial) or Full C | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |
| Mailing Address 2910 Legacy Commons I<br>Suite 1050   | Plz Apt 308          |   | 11 10 2023  |  |  |  |  |  |  |
| City<br>Omaha   | State<br>NE          | Zip Code<br>68130-1849                            | Transaction ID : A2023-2465174  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | C                    |   | Amount of Each Receipt this Period  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation   |                      | upation (for Individual)<br>President             | Memo Item   |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate            | Year-to-Date ▼<br>2653.97                         | ]   |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optiona   | l)                   | <b>b</b>  | 346.17  |  |  |  |  |  |  |
| TOTAL This Period (last page this line num  | ,                    |   |   |  |  |  |  |  |  |

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|   | EMIZED RECEIPTS  |              | for each category of the<br>Detailed Summary Pag                |                    | X 11a  |                                   | 11b    | 11c          | 12                | 17     |  |  |
|---|--|--------------|---|--------------------|--|-----------------------------------|--------|--------------|-------------------|--------|--|--|
|   | y information copied from such Reports and State<br>for commercial purposes, other than using the na |              |   |                    | for the  |                                   | pose o | f soliciting | g contrib         | utions |  |  |
| $\left/ \right.$  | NAME OF COMMITTEE (In Full)  |              |   |                    |  |                                   |        |              |                   |        |  |  |
| /   | Select Medical Corporation PAC   |              |   |                    |  |                                   |        |              |                   |        |  |  |
| Α.  | Full Name of Individual (Last, First, Middle Initial<br>Shovlin, Tyler, J, ,                         |              | rganization Name  |                    | Date   | of Re                             | eceipt |              |                   |        |  |  |
|   | Mailing Address 2910 Legacy Commons PIz Apt 3<br>Suite 1050<br>City                                  | 308<br>State | to Zin Codo   |                    |  | 11 / D D / Y Y Y Y<br>11 224 2023 |        |              |                   |        |  |  |
|   | Omaha  | NE           | Zip Code Transaction ID : A20<br>68130-1849 Amount of Each Rece |                    |  |                                   |        |              |                   |        |  |  |
|   | FEC ID number of contributing federal political committee.   | С            |   |                    |  |                                   |        |              | 115               |        |  |  |
|   | Name of Employer (for Individual)<br>Select Medical Corporation                                      |              | upation (for Individual)<br>President                           |                    | ľ  | Nemo                              | o Item |              |                   |        |  |  |
|   | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate    | Year-to-Date ▼<br>2769.3  | 6                  |  |                                   |        |              |                   |        |  |  |
| B.  | Full Name of Individual (Last, First, Middle Initial<br>Shovlin, Tyler, J, ,                         | ) or Full O  | rganization Name  |                    | Date   | of Re                             | eceipt |              |                   |        |  |  |
|   | Mailing Address 2910 Legacy Commons Plz Apt 3<br>Suite 1050  |              |   |                    |  | 12 08 2023                        |        |              |                   |        |  |  |
|   | City<br>Omaha  | State<br>NE  | Zip Code<br>68130-1849  | -                  | Transaction ID : A2023-2726356<br>Amount of Each Receipt this Period |                                   |        |              |                   | d      |  |  |
|   | FEC ID number of contributing federal political committee.   | С            | Occupation (for Individual)<br>Vice President                   |                    |  | 115.39<br>Memo Item               |        |              |                   |        |  |  |
|   | Name of Employer (for Individual)<br>Select Medical Corporation                                      |              |   |                    |  |                                   |        |              |                   |        |  |  |
|   | Receipt For:   | Aggregate    | Year-to-Date ▼<br>2884.7  | 75                 |  |                                   |        |              |                   |        |  |  |
| с.  | Full Name of Individual (Last, First, Middle Initial<br>Shovlin, Tyler, J, ,                         | ) or Full O  | rganization Name  |                    | Date   | of Re                             | eceipt |              |                   |        |  |  |
|   | Mailing Address 2910 Legacy Commons PIz Apt 3<br>Suite 1050  | 308          |   |                    | <sup>M</sup> 12  |                                   | D 22   |              | 2023              | Y      |  |  |
|   | City<br>Omaha  | State<br>NE  | Zip Code<br>68130-1849  | _                  |  |                                   |        | : A2023-2    |                   |        |  |  |
|   | FEC ID number of contributing federal political committee.   | C            |   |                    | Amou   |                                   | Each   | Receipt th   | 115 Period<br>115 |        |  |  |
| Name of Employer (for Individual)     Occupation (for Individual)       Select Medical Corporation     Vice President       Receipt For:     Aggregate Year-to-Date       Primary     General |  |              | upation (for Individual)<br>President                           |                    | Memo Item  |                                   |        |              |                   |        |  |  |
|   |  |              | Year-to-Date ▼  |                    |  |                                   |        |              |                   |        |  |  |
|   | Other (specify)  |              | 3000.0  |                    |  |                                   |        |              |                   |        |  |  |
| s   | UBTOTAL of Receipts This Page (optional)   |              |   | ······ <b>&gt;</b> |  |                                   | , ,    | ,            | 346               | .03    |  |  |
| т   | TOTAL This Period (last page this line number only)  |              |   |                    |  |                                   |        |              |                   |        |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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

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|                |   |                         |               | or each category of the<br>Detailed Summary Page           |                  | 11a                |                 | 11           | 1b 🛛            | 11c       |               | 12               |             |    |
|----------------|---|-------------------------|---------------|--|------------------|--------------------|-----------------|--------------|-----------------|-----------|---------------|------------------|-------------|----|
|                |   |                         | '             | Jetaneu Summary Page                                       |                  | 13                 |                 | 14           | H               | 15        |               | 16               | 1           | 17 |
| Ar<br>or       | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | tements ma<br>ame and a | ay n<br>addre | ot be sold or used by any peess of any political committee | erson t<br>to so | for the<br>licit c | e pui<br>ontril | rpos<br>buti | se of<br>ions f | solicitin | g co<br>ch cc | ntribut          | ions<br>ee. |    |
| $\overline{)}$ | NAME OF COMMITTEE (In Full)   |                         |               |  |                  |                    |                 |              |                 |           |               |                  |             |    |
| $\Big\rangle$  | Select Medical Corporation PAC  |                         |               |  |                  |                    |                 |              |                 |           |               |                  |             |    |
| Α.             | Full Name of Individual (Last, First, Middle Initia Sissick, Krystina, , ,                        | l) or Full O            | )rgar         | nization Name  |                  | Date               | of R            | ece          | eipt            |           |               |                  |             |    |
|                | Mailing Address 4714 Gettysburg Rd  |                         |               |  |                  | <sup>™</sup><br>11 | VI              | /            | D D D           |           |               | 023              | Y           |    |
|                | City  | State                   |               | Zip Code   |                  | Tran               | sac             | tion         | ו ID :          | A2023-    | 2465          | 141              |             |    |
|                | Mechanicsburg   | PA                      |               | 17055  | _ /              | Amou               | nt of           | f Ea         | ach R           | eceipt t  | his F         | 'eriod           |             |    |
|                | FEC ID number of contributing federal political committee.  | С                       |               |  |                  |                    |                 | -            |                 |           | _             | 115.3            | 39          |    |
|                | Name of Employer (for Individual)<br>Select Medical Corporation                                   | Occu<br>Exe             | •             | ion (for Individual)<br>/e                                 |                  | ľ                  | /lem            | o It         | em              |           |               |                  |             |    |
|                | Receipt For:  | Aggregate               | Yea           | r-to-Date ▼  |                  |                    |                 |              |                 |           |               |                  |             |    |
|                | Primary General<br>Other (specify) ▼  |                         | -             | 230.78   |                  |                    |                 |              |                 |           |               |                  |             |    |
| В.             | Full Name of Individual (Last, First, Middle Initia Sissick, Krystina, , ,                        | l) or Full O            | )rgar         | nization Name  |                  | Date               | of R            | ece          | eipt            |           |               |                  |             |    |
|                | Mailing Address 4714 Gettysburg Rd  |                         |               |  |                  | <sup>™</sup> 11    | VI /            | /            | 24              | / Y       |               | )23              | Y           |    |
|                | City  | State                   |               | Zip Code   |                  | Tran               | sact            | tion         | D:              | A2023-2   | 2587          | 548              |             |    |
|                | Mechanicsburg   | PA                      |               | 17055  |                  | Amou               | nt of           | f Ea         | ach R           | eceipt t  | his F         | eriod            |             |    |
|                | FEC ID number of contributing federal political committee.  | С                       |               |  |                  |                    |                 | -            |                 |           |               | 115.3            | 39          |    |
|                | Name of Employer (for Individual)<br>Select Medical Corporation                                   |                         | upat<br>ecuti | iion (for Individual)<br>ve                                |                  | N                  | /lem            | o It         | em              |           |               |                  |             |    |
|                | Receipt For:  | Aggregate               | Yea           | r-to-Date ▼  |                  |                    |                 |              |                 |           |               |                  |             |    |
|                | Primary General<br>Other (specify) ▼  |                         | ,             | 346.17   |                  |                    |                 |              |                 |           |               |                  |             |    |
| с.             | Full Name of Individual (Last, First, Middle Initia Sissick, Krystina, , ,                        | l) or Full O            | )rgai         | nization Name  |                  | Date               | of R            | ece          | eipt            |           |               |                  |             |    |
|                | Mailing Address 4714 Gettysburg Rd  |                         |               |  |                  | 12                 |                 | /            | 08              | /         |               | 023 <sup>°</sup> | Y           |    |
|                | City  | State                   |               | Zip Code   |                  | Trar               | sac             | tior         | n ID :          | A2023-    | 2726          | 383              |             |    |
|                | Mechanicsburg   | PA                      |               | 17055  | /                | Amou               | nt of           | f Ea         | ach R           | eceipt t  | his F         | 'eriod           |             |    |
|                | FEC ID number of contributing federal political committee.  | С                       |               |  |                  |                    |                 | 9            |                 | y         |               | 115.3            | 39          |    |
|                | Name of Employer (for Individual)   | Осси                    | upat          | ion (for Individual)                                       |                  | l I                | Nem             | o It         | tem             |           |               |                  |             |    |
|                | Select Medical Corporation  | Exec                    | cutiv         | 'e   |                  |                    |                 |              |                 |           |               |                  |             |    |
|                | Receipt For:  | Aggregate               | Yea           | r-to-Date ▼  |                  |                    |                 |              |                 |           |               |                  |             |    |
|                | Primary General   |                         |               |  |                  |                    |                 |              |                 |           |               |                  |             |    |
|                | Other (specify)   | <u> </u>                | 7             | 461.56   |                  |                    |                 |              |                 |           |               |                  |             |    |
| s              | UBTOTAL of Receipts This Page (optional)  |                         |               | ••••••   | .                |                    |                 | ,            |                 | . ,       |               | 346.1            | 7           | ]  |
| т              | OTAL This Period (last page this line number or   | ıly)                    |               |  |                  |                    |                 | _            |                 |           |               |                  |             |    |

| SCHEDULE A   | (FEC  | Form | 3X) |
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| ITEMIZED REC | EIPTS |      |     |

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|  |  |                       |                | Detailed Summary Page                                     |        | <b>K</b> 11a    | a [ |      | 11b        |      | 11c      |             | 12     | _  |  |
|--|--|-----------------------|----------------|---|--------|-----------------|-----|------|------------|------|----------|-------------|--------|----|--|
|  |  |                       |                | · · · · · · · · · · · · · · · · · · ·                     |        | 13              |     | _    | 14         |      | 15       |             | 16     | 17 |  |
|  |  |                       |                | ot be sold or used by any poss of any political committee |        |                 |     |      |            |      |          |             |        |    |  |
| │ NAME OF CO                             | MMITTEE (In Full)                                |                       |                |   |        |                 |     |      |            |      |          |             |        |    |  |
| Select Me                                | edical Corporation                               | PAC                   |                |   |        |                 |     |      |            |      |          |             |        |    |  |
| Full Name of I<br>A. Sissick, Kry        | Individual (Last, First, Midd<br>stina, , ,      | le Initial) or Full O | rgar           | nization Name   |        | Date of Receipt |     |      |            |      |          |             |        |    |  |
| Mailing Addres                           | SS 4714 Gettysburg Rd                            |                       |                |   |        |                 |     |      |            |      |          |             |        |    |  |
| City                                     |  | State                 |                | Zip Code  |        | Tra             | nsa | cti  | on ID      | : A  | 2023-2   | 8 <b>02</b> | 148    |    |  |
| Mechanicsburg                            | g  | PA                    |                | 17055   | _      | Amo             | unt | of   | Each I     | Rec  | ceipt th | is P        | 'eriod |    |  |
| FEC ID numbe<br>federal politica         | er of contributing<br>I committee.               | C                     |                |   |        |                 |     |      | ,          |      | -y       | _           | 115.3  | 9  |  |
| Name of Empl<br>Select Medical           | loyer (for Individual)<br>Corporation            |                       | upati<br>cutiv | ion (for Individual)<br>re                                |        |                 | Me  | mo   | Item       |      |          |             |        |    |  |
| Receipt For:                             |  | Aggregate             | Yea            | r-to-Date ▼   |        |                 |     |      |            |      |          |             |        |    |  |
| Primary<br>Other (sp                     | General<br>pecify) ▼                             |                       | -              | 576.95  |        |                 |     |      |            |      |          |             |        |    |  |
| Full Name of I<br><b>B.</b> Skinner, Glo | Individual (Last, First, Midd<br>oria, J, Mrs.,  | le Initial) or Full O | rgar           | nization Name   |        | Date            | of  | Re   | ceipt      |      |          |             |        |    |  |
| Mailing Addres                           | s 1685 North 700 West                            |                       |                |   |        | 0               |     | 1    | 07         |      | / Y      |             | )23    | Y  |  |
| City                                     |  | State                 |                | Zip Code  |        | Tra             | nsa | cti  | on ID :    | : A2 | 2023-16  | 533;        | 242    |    |  |
| Columbus                                 |  | IN                    |                | 47201   |        |                 |     |      |            |      | ceipt th |             |        |    |  |
| FEC ID numbe<br>federal politica         | er of contributing<br>I committee.               | С                     |                |   | 115.39 |                 |     |      |            |      |          |             |        |    |  |
| Select Medical                           | loyer (for Individual)<br>Corporation            |                       | •              | ion (for Individual)<br>/ice President                    |        | Memo Item       |     |      |            |      |          |             |        |    |  |
| Receipt For:<br>Primary<br>Other (sp     | General gecify) ▼                                | Aggregate             | Yea            | r-to-Date ▼<br>1615.46                                    |        |                 |     |      |            |      |          |             |        |    |  |
|  | Individual (Last, First, Midd<br>Ioria, J, Mrs., | le Initial) or Full O | rgar           | nization Name   |        | Date            | of  | Re   | ceipt      |      |          |             |        |    |  |
|  | ss 1685 North 700 West                           |                       |                |   |        | Date of Receipt |     |      |            |      |          |             |        |    |  |
| City                                     |  | State<br>IN           |                | Zip Code  |        | Tra             | nsa | icti | on ID      | : A  | 2023-1   | 635         | 685    |    |  |
| Columbus                                 |  |                       |                | 47201   |        | Amo             | unt | of   | Each       | Rec  | ceipt th | is P        | 'eriod |    |  |
| FEC ID numbe<br>federal politica         | er of contributing<br>I committee.               | C                     |                |   |        | Ē               |     |      | ,          |      | y        | _           | 115.3  | 9  |  |
| Select Medical                           | loyer (for Individual)<br>I Corporation          |                       | •              | ion (for Individual)<br>ice President                     |        |                 | Me  | mo   | Item       |      |          |             |        |    |  |
| Receipt For:<br>Primary<br>Other (sp     | General gecify)                                  | Aggregate             | Yea            | r-to-Date ▼<br>1730.85                                    |        |                 |     |      |            |      |          |             |        |    |  |
|  | Receipts This Page (optionation                  |                       |                | ••••••••••••••••••••••••••••••••••••••                    | •<br>- |                 |     |      | , ,<br>, , |      | 5        |             | 346.1  | 7  |  |

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

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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

FOR LINE NUMBER:

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|               |  |                      | Detailed Summary Page |  | (11a   |                 | 111           | b              | 11c           |                         | 12           |                   |            |    |
|---------------|--|----------------------|-----------------------|--|--|-----------------|---------------|----------------|---------------|-------------------------|--------------|-------------------|------------|----|
|               |  |                      |                       |  |  | 13              |               | 14             |               | 15                      |              | 16                | 1          | 17 |
| Ar<br>or      | y information copied from such Reports and State<br>for commercial purposes, other than using the na | ments ma<br>me and a | ay n<br>.ddre         | ot be sold or used by any peess of any political committee | erson<br>e to sc   | for the         | e pu<br>ontri | rpose<br>butio | e of<br>ons f | soliciting<br>from sucl | ו כס<br>ר רס | ntribut<br>mmitte | ions<br>e. |    |
| $\backslash$  | NAME OF COMMITTEE (In Full)  |                      |                       |  |  |                 |               |                |               |                         |              |                   |            |    |
| $\Big\rangle$ | Select Medical Corporation PAC   |                      |                       |  |  |                 |               |                |               |                         |              |                   |            |    |
| A.            | Full Name of Individual (Last, First, Middle Initial)<br>Skinner, Gloria, J, Mrs.,                   | or Full O            | rgar                  | nization Name  |  |                 |               | eceip          | pt            |                         |              |                   |            |    |
|               | Mailing Address 1685 North 700 West  |                      |                       |  |  | <sup>™</sup> 08 | VI            |                | 04            |                         |              | 023               | Ŷ          |    |
|               | City<br>Columbus   | State<br>IN          |                       | Zip Code<br>47201  |  |                 |               |                |               |                         |              |                   |            |    |
|               | FEC ID number of contributing federal political committee.   | С                    |                       |  |  |                 |               |                |               |                         |              | 115.3             | 9          |    |
|               | Name of Employer (for Individual)<br>Select Medical Corporation                                      |                      | •                     | ion (for Individual)<br>/ice President                     |  | N               | /lem          | io Ite         | em            |                         |              |                   |            |    |
|               | Receipt For:       A         Primary       General         Other (specify) ▼       I                 | ggregate             | Yea                   | r-to-Date ▼<br>1846.24                                     |  |                 |               |                |               |                         |              |                   |            |    |
| В.            | Full Name of Individual (Last, First, Middle Initial)<br>Skinner, Gloria, J, Mrs.,                   | or Full O            | rgar                  | nization Name  |  | Date            | of R          | eceip          | pt            |                         |              |                   |            |    |
|               | Mailing Address 1685 North 700 West  |                      |                       |  |  | <sup>™</sup> 08 | VI            | / D            | 18            | ) / Y                   | 20           | )23               | Y          |    |
|               | City<br>Columbus   | State<br>IN          |                       | Zip Code<br>47201  |  |                 |               |                |               |                         |              |                   |            |    |
|               | FEC ID number of contributing federal political committee.   | С                    |                       |  |  |                 |               | -              |               |                         |              | 115.3             | 9          |    |
|               | Name of Employer (for Individual)<br>Select Medical Corporation                                      |                      | •                     | tion (for Individual)<br>√ice President                    |  | N               | /lem          | io Ite         | em            |                         |              |                   |            |    |
|               | Receipt For:       A         Primary       General         Other (specify) ▼       I                 | ggregate             | Yea                   | ur-to-Date ▼<br>1961.63                                    | y Page X 11a 11b 11c 11c   13 14 15   ad by any person for the purpose of soliciting contal committee to solicit contributions from such |                 |               |                |               |                         |              |                   |            |    |
| <u>с.</u>     | Full Name of Individual (Last, First, Middle Initial)<br>Skinner, Gloria, J, Mrs.,                   | or Full O            | rgar                  | nization Name  |  | Date            | of R          | eceip          | pt            |                         |              |                   |            |    |
|               | Mailing Address 1685 North 700 West  |                      |                       |  |  |                 | VI            | / D            |               |                         |              | )23 <sup>°</sup>  | Y          |    |
|               | City<br>Columbus   | State<br>IN          |                       | Zip Code<br>47201  |  |                 |               |                |               |                         | -            |                   |            |    |
|               | FEC ID number of contributing federal political committee.   | С                    |                       |  |  |                 |               | J              |               |                         |              | 115.3             | 9          | ]  |
|               | Name of Employer (for Individual)<br>Select Medical Corporation                                      |                      | •                     | ion (for Individual)<br>/ice President                     |  |                 | Vem           | no Ite         | em            |                         |              |                   |            |    |
|               | Receipt For:     A       Primary     General       Other (specify)                                   | ggregate             | Yea                   | ur-to-Date ▼<br>2077.02                                    |  |                 |               |                |               |                         |              |                   |            |    |
| s             | UBTOTAL of Receipts This Page (optional)   |                      |                       | ••••••   |  |                 |               | y              |               | . ,                     |              | 346.1             | 7          | ]  |
| т             | OTAL This Period (last page this line number only  | /)                   |                       |  |  |                 |               | -              |               |                         |              |                   |            | ]  |

| SCHEDULE A   | (FEC Form 3X) |
|--------------|---------------|
| ITEMIZED REC | EIPTS         |

FOR LINE NUMBER:

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|            | EMIZED RECEIPTS   |              | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |
|------------|---|--------------|---|---|--|--|--|--|--|--|--|--|
|            | ny information copied from such Reports and Sta<br>for commercial purposes, other than using the n                      |              |   |   |  |  |  |  |  |  |  |  |
| $\square$  | NAME OF COMMITTEE (In Full)   |              |   |   |  |  |  |  |  |  |  |  |
|            | Select Medical Corporation PAC  |              |   |   |  |  |  |  |  |  |  |  |
| Α.         | Full Name of Individual (Last, First, Middle Initia<br>Skinner, Gloria, J, Mrs.,<br>Mailing Address 1685 North 700 West | l) or Full C | Organization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |  |
|            | City  | State        | Zip Code  | 09 15 2023<br>Transaction ID : A2023-2036962  |  |  |  |  |  |  |  |  |
|            | Columbus  | IN           | 47201   | _ Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
|            | FEC ID number of contributing federal political committee.  | С            |   | 115.39  |  |  |  |  |  |  |  |  |
|            | Name of Employer (for Individual)<br>Select Medical Corporation   |              | cupation (for Individual)<br>nior Vice President  | Memo Item   |  |  |  |  |  |  |  |  |
|            | Receipt For:         Primary       General         Other (specify) ▼  | Aggregate    | e Year-to-Date ▼<br>2192.41                       |   |  |  |  |  |  |  |  |  |
| В.         | Full Name of Individual (Last, First, Middle Initia<br>Skinner, Gloria, J, Mrs.,  | l) or Full C | Organization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |  |
|            | Mailing Address 1685 North 700 West   |              |   | 09 29 2023  |  |  |  |  |  |  |  |  |
|            | City<br>Columbus  | State<br>IN  | Zip Code<br>47201                                 | Transaction ID : A2023-2130227<br>Amount of Each Receipt this Period                                      |  |  |  |  |  |  |  |  |
|            | FEC ID number of contributing federal political committee.  | С            |   | 115.39  |  |  |  |  |  |  |  |  |
|            | Name of Employer (for Individual)<br>Select Medical Corporation   |              | cupation (for Individual)<br>enior Vice President | Memo Item   |  |  |  |  |  |  |  |  |
|            | Receipt For:         Primary       General         Other (specify) ▼  | Aggregate    | e Year-to-Date ▼<br>2307.80                       |   |  |  |  |  |  |  |  |  |
| <u>с</u> . | Full Name of Individual (Last, First, Middle Initia<br>Skinner, Gloria, J, Mrs.,  | l) or Full C | Organization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |  |
|            | Mailing Address 1685 North 700 West   |              |   | 10 / D D / Y Y Y Y<br>10 13 2023  |  |  |  |  |  |  |  |  |
|            | City<br>Columbus  | State<br>IN  | Zip Code<br>47201                                 | Transaction ID : A2023-2294549<br>Amount of Each Receipt this Period                                      |  |  |  |  |  |  |  |  |
|            | FEC ID number of contributing federal political committee.  | С            |   | 115.39  |  |  |  |  |  |  |  |  |
|            | Name of Employer (for Individual)<br>Select Medical Corporation   |              | cupation (for Individual)<br>nior Vice President  | Memo Item   |  |  |  |  |  |  |  |  |
|            | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate    | e Year-to-Date ▼<br>2423.19                       |   |  |  |  |  |  |  |  |  |
| s          | UBTOTAL of Receipts This Page (optional)  |              | •   | 346.17  |  |  |  |  |  |  |  |  |
| т          | OTAL This Period (last page this line number or   | nly)         | •••••   |   |  |  |  |  |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| 11           | EMIZED RECEIPTS   |               |  | for each category of the<br>Detailed Summary Page |                 | _                               | 11a<br>13       |      | ] 11<br>  14 | - F             | 11c              |   | 12<br>16          | 17 |  |  |
|--------------|---|---------------|--|---|-----------------|---------------------------------|-----------------|------|--------------|-----------------|------------------|---|-------------------|----|--|--|
|              | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |  |   |                 |                                 |                 |      |              |                 |                  |   | ntribu            |    |  |  |
| $\setminus$  | NAME OF COMMITTEE (In Full)   |               |  |   |                 |                                 |                 |      |              |                 |                  |   |                   |    |  |  |
| $\backslash$ | Select Medical Corporation PAC  |               |  |   |                 |                                 |                 |      |              |                 |                  |   |                   |    |  |  |
| Α.           |   | al) or Full C | Orgai  | nization Name                                     |                 | Da                              | ate of          | f Re | ece          | ipt             |                  |   |                   |    |  |  |
|              | Mailing Address 1685 North 700 West   |               |  | 1   |                 | [                               | 10 <sup>M</sup> | 1    | E            | D D D           | /                |   | 023               | Y  |  |  |
|              | City<br>Columbus  | State<br>IN   |  | Zip Code<br>47201                                 |                 |                                 |                 |      |              |                 | A2023-           |   |                   |    |  |  |
|              | FEC ID number of contributing federal political committee.                                      | С             |  |   |                 |                                 |                 |      | -            |                 |                  |   | 115.              | 39 |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               |  | tion (for Individual)<br>Vice President           |                 | l                               | M               | emc  | b It         | em              |                  |   |                   |    |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Yea  | ar-to-Date ▼<br>2538.58                           |                 |                                 |                 |      |              |                 |                  |   |                   |    |  |  |
| В.           | Full Name of Individual (Last, First, Middle Initia<br>Skinner, Gloria, J, Mrs.,                | al) or Full C | Orgai  | nization Name                                     | Date of Receipt |                                 |                 |      |              |                 |                  |   |                   |    |  |  |
|              | Mailing Address 1685 North 700 West   |               |  |   |                 | 11 / D D / Y Y Y Y Y<br>10 2023 |                 |      |              |                 |                  |   |                   |    |  |  |
|              | City<br>Columbus  | State<br>IN   |  | Zip Code<br>47201                                 |                 |                                 |                 |      |              |                 | A2023-<br>eceipt |   |                   |    |  |  |
|              | FEC ID number of contributing federal political committee.                                      | С             |  |   |                 | ļ                               |                 |      | -            |                 |                  |   | 115.3             | 39 |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | Occupation (for Individual)<br>Senior Vice President |   |                 |                                 |                 |      | Memo Item    |                 |                  |   |                   |    |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Yea  | ar-to-Date ▼<br>2653.97                           |                 |                                 |                 |      |              |                 |                  |   |                   |    |  |  |
| С.           | Full Name of Individual (Last, First, Middle Initia<br>Skinner, Gloria, J, Mrs.,                | al) or Full C | Orgai  | nization Name                                     |                 | Da                              | ate of          | f Re | ece          | ipt             |                  |   |                   |    |  |  |
|              | Mailing Address 1685 North 700 West   |               |  |   |                 | [                               | 11 <sup>M</sup> | 1    | l            | <sup>D</sup> 24 | 1                |   | )23 <sup>°</sup>  | Y  |  |  |
|              | City<br>Columbus  | State<br>IN   |  | Zip Code<br>47201                                 |                 |                                 |                 |      | -            |                 | A2023            |   |                   |    |  |  |
|              | FEC ID number of contributing federal political committee.                                      | С             |  |   |                 | Ę                               |                 |      | y            |                 | ,                | _ | 115.3             | 39 |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | •  | tion (for Individual)<br>/ice President           |                 | L                               | M               | emo  | o It         | em              |                  |   |                   |    |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Yea  | ar-to-Date ▼<br>2769.36                           |                 |                                 |                 |      |              |                 |                  |   |                   |    |  |  |
| s            | UBTOTAL of Receipts This Page (optional)  |               |  | •   |                 |                                 |                 |      | 9            |                 | . ,              |   | 346. <sup>-</sup> | 17 |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| ••           | EMIZED RECEIPTS   |               | for each category of the<br>Detailed Summary Page |        | <b>1</b> 1a                      |      | 11b     | 11c                            | 12         | _  |  |  |  |  |
|--------------|---|---------------|---|--------|----------------------------------|------|---------|--------------------------------|------------|----|--|--|--|--|
| _            |   |               |   |        | 13                               |      | 14      | 15                             | 16         | 17 |  |  |  |  |
|              | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |   |        |                                  |      |         |                                |            |    |  |  |  |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)   |               |   |        |                                  |      |         |                                |            |    |  |  |  |  |
|              | Select Medical Corporation PAC  | ;             |   |        |                                  |      |         |                                |            |    |  |  |  |  |
| А.           | Full Name of Individual (Last, First, Middle Initi<br>Skinner, Gloria, J, Mrs.,                 | al) or Full O | Organization Name                                 |        | Date of Receipt                  |      |         |                                |            |    |  |  |  |  |
|              | Mailing Address 1685 North 700 West   |               |   |        | 12 / D D / Y Y Y Y<br>12 08 2023 |      |         |                                |            |    |  |  |  |  |
|              | City  | State<br>IN   | Zip Code  |        |                                  |      |         | A2023-2                        |            |    |  |  |  |  |
|              | Columbus  |               | 47201   |        | Amoun                            | t of | Each F  | Receipt th                     | nis Perioc |    |  |  |  |  |
|              | FEC ID number of contributing federal political committee.                                      | С             |   |        |                                  |      |         |                                | 115        | 39 |  |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | upation (for Individual)<br>nior Vice President   |        | М                                | emo  | ltem    |                                |            |    |  |  |  |  |
|              | Receipt For:  | Aggregate     | Year-to-Date ▼                                    | $\neg$ |                                  |      |         |                                |            |    |  |  |  |  |
|              | Primary General   | .33.034.0     |   |        |                                  |      |         |                                |            |    |  |  |  |  |
| _            | Other (specify) ▼   | L             | 2884.75   |        |                                  |      |         |                                |            |    |  |  |  |  |
| в.           | Full Name of Individual (Last, First, Middle Initi<br>Skinner, Gloria, J, Mrs.,                 | al) or Full O | Organization Name                                 |        | Date o                           | f Re | eceipt  |                                |            |    |  |  |  |  |
|              | Mailing Address 1685 North 700 West   |               |   |        | 12 22 2023                       |      |         |                                |            |    |  |  |  |  |
|              | City  | State         | Zip Code  |        | Trans                            | acti | on ID : | A2023-2                        | 802102     |    |  |  |  |  |
|              | Columbus  | IN            | 47201   | ,      | Amoun                            | t of | Each F  | Receipt th                     | nis Perioc | l  |  |  |  |  |
|              | FEC ID number of contributing federal political committee.                                      | С             |   |        | <u> </u>                         |      |         |                                | 115        | 25 |  |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | cupation (for Individual)<br>nior Vice President  |        | М                                | emo  | ttem    |                                |            |    |  |  |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>3000.00                         |        |                                  |      |         |                                |            |    |  |  |  |  |
| —<br>c.      | Full Name of Individual (Last, First, Middle Initi<br>Skinner, Jon, C, Mr.,                     | al) or Full O | Organization Name                                 |        | Date o                           | f Re | eceipt  |                                |            |    |  |  |  |  |
|              | Mailing Address 5200 Topaz Ct   |               |   |        | <sup>M</sup> 07                  | /    | 07      |                                | 2023       | Y  |  |  |  |  |
|              | City<br>Flower Mound  | State<br>TX   | Zip Code<br>75022-8143                            |        |                                  |      |         | : <b>A2023-1</b><br>Receipt th |            |    |  |  |  |  |
|              | FEC ID number of contributing federal political committee.                                      | С             |   |        | <u> </u>                         |      | , .     | . ,                            | 115        | 39 |  |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | upation (for Individual)<br>President             |        | M                                | emc  | tem     |                                |            |    |  |  |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Year-to-Date ▼<br>1615.46                         |        |                                  |      |         |                                |            |    |  |  |  |  |
| F            | UBTOTAL of Receipts This Page (optional)<br>OTAL This Period (last page this line number o      |               | · ·   |        |                                  | -    | 9       |                                | 346.       | 03 |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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

FOR LINE NUMBER:

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|  | EMIZED RECEIPTS   |                        | for each category of<br>Detailed Summary P |  | ×  | -         |      | 11b      | 11c                            |      | 12               |      |    |  |
|--|---|------------------------|--|--|--|-----------|------|----------|--------------------------------|------|------------------|------|----|--|
|  | y information copied from such Reports and State<br>for commercial purposes, other than using the na            |                        |  |  |  |           |      |          |                                |      |                  | ions | 17 |  |
|  | NAME OF COMMITTEE (In Full)   |                        |  | Jonninittee                                  | 10 50  |           |      | ulions   |                                | 1 00 |                  | 90.  |    |  |
| $\rangle$  | Select Medical Corporation PAC  |                        |  |  |  |           |      |          |                                |      |                  |      |    |  |
| Α.   | Full Name of Individual (Last, First, Middle Initial)<br>Skinner, Jon, C, Mr.,<br>Mailing Address 5200 Topaz Ct | or Full Org            | ganization Name                            |  |  | Date of   | f Re | ceipt    |                                | Y    | Y                | Y    |    |  |
|  | City  | State                  | Zip Code                                   | 07 21 2023<br>Transaction ID : A2023-1635720 |  |           |      |          |                                |      |                  |      |    |  |
|  | Flower Mound  | ТХ                     | 75022-8143                                 |  | Amount of Each Receipt this Period                                   |           |      |          |                                |      |                  |      |    |  |
| FEC ID number of contributing federal political committee.   |   |                        |  |  |  |           |      |          | -                              | _    | 115.3            | 9    |    |  |
| Name of Employer (for Individual)Occupation (for Individual)Select Medical CorporationVice President |   |                        |  |  |  | Μ         | emo  | Item     |                                |      |                  |      |    |  |
|  | Receipt For:     A       Primary     General       Other (specify) ▼  | ′ear-to-Date ▼<br>173( | 0.85                                       |  |  |           |      |          |                                |      |                  |      |    |  |
| в.   | Full Name of Individual (Last, First, Middle Initial)<br>Skinner, Jon, C, Mr.,                                  | or Full Org            | ganization Name                            |  |  | Date of   | f Re | ceipt    |                                |      |                  |      |    |  |
|  | Mailing Address 5200 Topaz Ct   |                        |  | 08 04 2023                                   |  |           |      |          |                                |      |                  |      |    |  |
|  | City<br>Flower Mound  | State<br>TX            | Zip Code<br>75022-8143                     |  | Transaction ID : A2023-1679328<br>Amount of Each Receipt this Period |           |      |          |                                |      |                  |      |    |  |
|  | FEC ID number of contributing federal political committee.  | С                      |  |  |  | Memo Item |      |          |                                |      |                  | 9    |    |  |
|  | Name of Employer (for Individual)<br>Select Medical Corporation   |                        | pation (for Individual)<br>President       |  |  |           |      |          |                                |      |                  |      |    |  |
|  | Receipt For:     A       Primary     General       Other (specify) ▼  | Aggregate Y            | ′ear-to-Date ▼<br>184                      | 6.24   |  |           |      |          |                                |      |                  |      |    |  |
| с.   | Full Name of Individual (Last, First, Middle Initial)<br>Skinner, Jon, C, Mr.,                                  | or Full Org            | ganization Name                            |  |  | Date of   | f Re | ceipt    |                                |      |                  |      |    |  |
|  | Mailing Address 5200 Topaz Ct   |                        |  |  |  | м м<br>08 | /    | 18       |                                |      | )23 <sup>°</sup> | Y    |    |  |
|  | City<br>Flower Mound  | State<br>TX            | Zip Code<br>75022-8143                     |  |  |           |      |          | : <b>A2023-1</b><br>Receipt th |      |                  | _    |    |  |
|  | FEC ID number of contributing federal political committee.  | С                      |  |  |  | _:        |      | <b>,</b> | 9                              | _    | 115.3            | 9    |    |  |
|  | Name of Employer (for Individual)<br>Select Medical Corporation   |                        | M  | emo  | ltem   |           |      |          |                                |      |                  |      |    |  |
|  | Receipt For:     A       Primary     General       Other (specify)  | Aggregate Y            | ′ear-to-Date ▼<br>196                      | 1.63   |  |           |      |          |                                |      |                  |      |    |  |
| s  | UBTOTAL of Receipts This Page (optional)  |                        |  |  |  |           |      | , .      | 9                              |      | 346.1            | 7    | ]  |  |
| т  | OTAL This Period (last page this line number only   | /)                     |  |  |  |           |      |          |                                |      |                  |      |    |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|  | TEMIZED RECEIPTS  |             |               | or each category of the<br>Detailed Summary Page |  |  |                 |      | 11     | - F   | 11c                  |   | 12               |      |    |
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|  | y information copied from such Reports and State<br>for commercial purposes, other than using the na            |             |               |  |  |  | the             |      |        | se of |                      |   |                  | ions | 17 |
| $\overline{)}$   | NAME OF COMMITTEE (In Full)   |             |               |  |  |  |                 |      |        |       |                      |   |                  |      |    |
| $\rangle$  | Select Medical Corporation PAC  |             |               |  |  |  |                 |      |        |       |                      |   |                  |      |    |
| Α.   | Full Name of Individual (Last, First, Middle Initial)<br>Skinner, Jon, C, Mr.,<br>Mailing Address 5200 Topaz Ct | rgar        | nization Name |  |  | e of   | f Re            | _    | pt     | / Y   | Y                    | Ý | Y                |      |    |
|  | City  | State       |               | Zip Code   | 09 01 2023<br>Transaction ID : A2023-1924779 |  |                 |      |        |       |                      |   |                  |      |    |
|  | Flower Mound  | тх          |               | 75022-8143                                       |  |  |                 |      |        |       | eceipt th            |   |                  |      |    |
|  | FEC ID number of contributing federal political committee.  | С           |               |  |  |  |                 |      | -<br>- |       |                      | _ | 115.3            | 39   |    |
| Name of Employer (for Individual)Occupation (for Individual)Select Medical CorporationVice President |   |             |               |  |  |  | M               | emc  | o Ite  | əm    |                      |   |                  |      |    |
|  | Receipt For:       µ         Primary       General         Other (specify) ▼                                    | Aggregate ` | Yea           | r-to-Date ▼<br>2077.02                           |  |  |                 |      |        |       |                      |   |                  |      |    |
| B.   | Full Name of Individual (Last, First, Middle Initial)<br>Skinner, Jon, C, Mr.,                                  | or Full Or  | rgar          | nization Name                                    |  | Dat  | e of            | Re   | ecei   | pt    |                      |   |                  |      |    |
|  | Mailing Address 5200 Topaz Ct   |             |               |  | 09 <sup>™</sup>                              | 1  |                 | 15   | / Y    |       | )23                  | Y |                  |      |    |
|  | City<br>Flower Mound  | State<br>TX |               | Zip Code<br>75022-8143                           |  | Transaction ID : A2023-2036998<br>Amount of Each Receipt this Period |                 |      |        |       |                      |   |                  |      |    |
| FEC ID number of contributing federal political committee.   |   |             |               |  |  |  |                 |      |        |       |                      | - | 192.3            | 31   |    |
|  | Name of Employer (for Individual)<br>Select Medical Corporation   |             | •             | ion (for Individual)<br>esident                  |  | Memo Item  |                 |      |        |       |                      |   |                  |      |    |
|  | Receipt For:     A       Primary     General       Other (specify) ▼  | Aggregate ` | Yea           | r-to-Date ▼<br>2269.33                           |  |  |                 |      |        |       |                      |   |                  |      |    |
| с.   | Full Name of Individual (Last, First, Middle Initial)<br>Skinner, Jon, C, Mr.,                                  | or Full Or  | rgar          | nization Name                                    |  | Dat  | e of            | f Re | ecei   | pt    |                      |   |                  |      |    |
|  | Mailing Address 5200 Topaz Ct   |             |               |  |  | M  | 09 <sup>M</sup> | /    | ľ      | 29    | / Y                  |   | 023 <sup>°</sup> | Y    |    |
|  | City<br>Flower Mound  | State<br>TX |               | Zip Code<br>75022-8143                           | _  |  |                 |      | -      |       | A2023-2<br>eceipt th |   |                  |      |    |
|  | FEC ID number of contributing federal political committee.  | С           |               |  |  |  |                 |      | ,      |       |                      |   | 192.3            | 31   |    |
|  | Name of Employer (for Individual)<br>Select Medical Corporation   |             | •             | ion (for Individual)<br>sident                   |  | Memo Item  |                 |      |        |       |                      |   |                  |      |    |
| Receipt For: Aggregate Year-to-Date ▼  |   |             |               |  |  |  |                 |      |        |       |                      |   |                  |      |    |
|  | Other (specify)   |             | ,             | 2461.64  |  |  |                 |      |        |       |                      |   |                  |      |    |
| s  | UBTOTAL of Receipts This Page (optional)  |             |               |  |  |  |                 |      | 7      |       | ,                    |   | 500.0            | )1   | ]  |
| т  | OTAL This Period (last page this line number only   | y)          |               |  | <b>-</b>                                     |  |                 |      | -      |       |                      |   |                  |      |    |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| TTEMIZED RECEIPTS   |   |               | for each category of the<br>Detailed Summary Page |                                  | X 1'<br>1;      | 1a<br>3   |                 | ] 11<br>  14 | 1b<br>4 | 11c  |                  | 12<br>16 | 17                         |    |  |  |
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|   | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |               |   |                                  |                 |           |                 |              |         |  |                  |          | ntribu                     |    |  |  |
| $\left  \right $  | NAME OF COMMITTEE (In Full)   |               |   |                                  |                 |           |                 |              |         |  |                  |          |                            |    |  |  |
|   | Select Medical Corporation PAC  |               |   |                                  |                 |           |                 |              |         |  |                  |          |                            |    |  |  |
| Α.  | Full Name of Individual (Last, First, Middle Initia<br>Skinner, Jon, C, Mr.,                    | nization Name |   | Dat                              | e of            | f Re      | ece             | ipt          |         |  |                  |          |                            |    |  |  |
|   | Mailing Address 5200 Topaz Ct   |               |   | 1                                |                 | М         | 10 <sup>M</sup> | 1            | l       | D 13   |                  |          | 023                        | Y  |  |  |
|   | City<br>Flower Mound  | State<br>TX   |   | Zip Code<br>75022-8143           |                 |           |                 |              |         |  | A2023-<br>eceipt |          |                            |    |  |  |
|   | FEC ID number of contributing federal political committee.                                      | С             |   |                                  |                 |           |                 |              | -       |  |                  |          | 192.                       | 31 |  |  |
|   | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               |   | tion (for Individual)<br>esident |                 |           | M               | emc          | b lt    | em   |                  |          |                            |    |  |  |
|   | Receipt For:  | Aggregate     | Yea   | ar-to-Date <b>V</b>              |                 |           |                 |              |         |  |                  |          |                            |    |  |  |
|   | Other (specify) ▼   |               | -   | 2653.95                          |                 |           |                 |              |         |  |                  |          |                            |    |  |  |
| В.  | Full Name of Individual (Last, First, Middle Initia<br>Skinner, Jon, C, Mr.,                    | al) or Full C | Drga  | nization Name                    |                 | Dat       | e of            | f Re         | ece     | ipt  |                  |          |                            |    |  |  |
|   | Mailing Address 5200 Topaz Ct   |               |   | M                                | 10 <sup>™</sup> | 1         | ľ               | D D<br>27    | 1       |  | )23              | Y        |                            |    |  |  |
|   | City  |               |   |                                  |                 |           |                 |              |         | Transaction ID : A2023-2353870<br>Amount of Each Receipt this Period |                  |          |                            |    |  |  |
|   | Flower Mound<br>FEC ID number of contributing<br>federal political committee.                   | C             |   |                                  |                 | Am        | ouni            | t of         | Ea      | ich R  | eceipt           | this F   | <sup>2</sup> eriod<br>192. | 31 |  |  |
|   | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               |   | tion (for Individual)<br>esident |                 | Memo Item |                 |              |         |  |                  |          |                            |    |  |  |
|   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Yea   | ar-to-Date ▼<br>2846.26          |                 |           |                 |              |         |  |                  |          |                            |    |  |  |
| <u>с</u> .  | Full Name of Individual (Last, First, Middle Initia<br>Skinner, Jon, C, Mr.,                    | al) or Full C | Drga  | nization Name                    |                 | Dat       | e of            | f Re         | ece     | ipt  |                  |          |                            |    |  |  |
|   | Mailing Address 5200 Topaz Ct   |               |   |                                  |                 | М         | 11 <sup>M</sup> | /            | ľ       | D D D  | 1                |          | 023                        | Y  |  |  |
|   | City<br>Flower Mound  | State<br>TX   |   | Zip Code<br>75022-8143           |                 |           |                 |              |         |  | A2023            |          |                            |    |  |  |
|   | FEC ID number of contributing federal political committee.                                      | С             |   |                                  |                 | Ľ         |                 |              | ,       |  |                  |          | 192.                       |    |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation |   |               |   | tion (for Individual)<br>esident |                 | Memo Item |                 |              |         |  |                  |          |                            |    |  |  |
|   | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     | Yea   | ar-to-Date ▼<br>3038.57          |                 |           |                 |              |         |  |                  |          |                            |    |  |  |
| s   | UBTOTAL of Receipts This Page (optional)  |               |   | •                                | - <b>'</b>      |           |                 |              | ,       |  | ,                |          | 576.                       | 93 |  |  |
| т   | OTAL This Period (last page this line number o  | nly)          |   | •••••                            |                 |           |                 |              | _       |  |                  | -        |                            |    |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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

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|              | EIVIZED RECEIPTS  |  |                 | Detailed Summary Page   |                  | <b>(</b> 11a                       |               | 1            | 1b                | 11c                                   |                 | 12                  |             |  |  |  |  |  |  |  |
|--------------|---|--|-----------------|---|------------------|------------------------------------|---------------|--------------|-------------------|---------------------------------------|-----------------|---------------------|-------------|--|--|--|--|--|--|--|
|              |   |  |                 |   |                  | 13                                 |               | 1            | 4                 | 15                                    |                 | 16                  | 17          |  |  |  |  |  |  |  |
| An<br>or     | y information copied from such Reports and S<br>for commercial purposes, other than using the | tatements r<br>name and                          | may ı<br>I addı | not be sold or used by any p<br>ress of any political committee | erson<br>e to so | for the                            | e pu<br>ontri | irpo<br>ibut | ose of<br>tions t | soliciti<br>from su                   | ng cơ<br>Jch c  | ontribut<br>ommitte | ions<br>ee. |  |  |  |  |  |  |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)   |  |                 |   |                  |                                    |               |              |                   |                                       |                 |                     |             |  |  |  |  |  |  |  |
|              | Select Medical Corporation PAG  | C  |                 |   |                  |                                    |               |              |                   |                                       |                 |                     |             |  |  |  |  |  |  |  |
| Α.           | Full Name of Individual (Last, First, Middle Ini<br>Skinner, Jon, C, Mr.,                     | First, Middle Initial) or Full Organization Name |                 |   |                  |                                    |               |              |                   |                                       | Date of Receipt |                     |             |  |  |  |  |  |  |  |
|              | Mailing Address 5200 Topaz Ct   |  |                 |   |                  | 11 22 2023                         |               |              |                   |                                       |                 |                     |             |  |  |  |  |  |  |  |
|              | City  | State  |                 | Zip Code  |                  | Trar                               | nsac          | tio          | n ID :            | A2023                                 | -258            | 7537                | _           |  |  |  |  |  |  |  |
|              | Flower Mound  | TX   |                 | 75022-8143  | _                | Amou                               | nt o          | fΕ           | ach F             | Receipt                               | this            | Period              |             |  |  |  |  |  |  |  |
|              | FEC ID number of contributing<br>federal political committee.                                 | С  |                 |   |                  |                                    |               | ,            |                   |                                       |                 | 192.3               | 31          |  |  |  |  |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                               |  | •               | tion (for Individual)<br>resident                               |                  |                                    | Mem           | no I         | tem               |                                       |                 |                     |             |  |  |  |  |  |  |  |
|              | Receipt For:  | Aggregat   | te Ye           | ar-to-Date 🔻  |                  |                                    |               |              |                   |                                       |                 |                     |             |  |  |  |  |  |  |  |
|              | Primary General   | 7.99.094   |                 |   | 11               |                                    |               |              |                   |                                       |                 |                     |             |  |  |  |  |  |  |  |
|              | Other (specify) V   |  | -               | 3230.88   | 4                |                                    |               |              |                   |                                       |                 |                     |             |  |  |  |  |  |  |  |
| в.           | Full Name of Individual (Last, First, Middle Ini<br>Skinner, Jon, C, Mr.,                     | tial) or Full                                    | Orga            | nization Name   |                  | Date                               | of R          | lece         | eipt              |                                       |                 |                     |             |  |  |  |  |  |  |  |
|              | Mailing Address 5200 Topaz Ct   |  |                 |   |                  |                                    |               |              | 12 08 2023        |                                       |                 |                     |             |  |  |  |  |  |  |  |
|              | City  | State  |                 | Zip Code  |                  | Trar                               | sac           | tio          | n ID :            | A2023                                 | -2726           | 6372                |             |  |  |  |  |  |  |  |
|              | Flower Mound  | ТХ   |                 | 75022-8143  |                  | Amount of Each Receipt this Period |               |              |                   |                                       |                 |                     |             |  |  |  |  |  |  |  |
|              | FEC ID number of contributing federal political committee.                                    | С  |                 | 192.31  |                  |                                    |               |              |                   |                                       |                 |                     |             |  |  |  |  |  |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                               | O<br>V   |                 |   | Mem              | no I                               | tem           |              |                   |                                       |                 |                     |             |  |  |  |  |  |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregat   |                 |   |                  |                                    |               |              |                   |                                       |                 |                     |             |  |  |  |  |  |  |  |
| <u> </u>     | Full Name of Individual (Last, First, Middle Ini<br>Skinner, Jon, C, Mr.,                     | tial) or Full                                    | Orga            | nization Name   |                  | Date                               | of P          |              | oint              |                                       |                 |                     |             |  |  |  |  |  |  |  |
| 0.           | Mailing Address 5200 Topaz Ct   |  |                 |   |                  | 12 <sup>™</sup>                    | M             | /            | D [<br>22         |                                       |                 | 2023                | Y           |  |  |  |  |  |  |  |
|              | City  | State  |                 | Zip Code  |                  | Trai                               | nsac          | tio          | n ID :            | A2023                                 | 3-280           | 2137                |             |  |  |  |  |  |  |  |
|              | Flower Mound  | ТХ   |                 | 75022-8143  |                  | Amou                               | nt o          | fΕ           | ach F             | Receipt                               | this            | Period              |             |  |  |  |  |  |  |  |
|              | FEC ID number of contributing federal political committee.                                    | С  |                 |   |                  | <u> </u>                           |               | ,            |                   | , , , , , , , , , , , , , , , , , , , | _               | 192.3               | 31          |  |  |  |  |  |  |  |
|              | Name of Employer (for Individual)   | 00   | ccupa           | tion (for Individual)   |                  | п.                                 | Merr          | no I         | ltem              |                                       |                 |                     |             |  |  |  |  |  |  |  |
|              | Select Medical Corporation  |  | •               | esident   |                  |                                    |               |              |                   |                                       |                 |                     |             |  |  |  |  |  |  |  |
|              | Receipt For:  | Anaroaat   | to Vo           | ar-to-Date 🔻  |                  |                                    |               |              |                   |                                       |                 |                     |             |  |  |  |  |  |  |  |
|              | Primary General   | Aggrega  |                 |   |                  |                                    |               |              |                   |                                       |                 |                     |             |  |  |  |  |  |  |  |
|              | Other (specify)   |  | -               | 3615.50   | 4                |                                    |               |              |                   |                                       |                 |                     |             |  |  |  |  |  |  |  |
| s            | UBTOTAL of Receipts This Page (optional)  |  |                 |   | •                |                                    |               | ,            |                   |                                       |                 | 576.9               | 93          |  |  |  |  |  |  |  |
| т            | OTAL This Period (last page this line number  | only)  |                 |   | -<br>•           |                                    |               | ,            |                   | . ,                                   |                 |                     |             |  |  |  |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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| ITEMIZED RECEIPTS  | for each category of the<br>Detailed Summary Page  | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$   |
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| Any information copied from such Reports and Si<br>or for commercial purposes, other than using the  |  | person for the purpose of soliciting contributions   |
| NAME OF COMMITTEE (In Full)  |  |  |
| Select Medical Corporation PAC   | C  |  |
| Full Name of Individual (Last, First, Middle Init<br>Sloterbeek, Meridell, , Mrs.,<br>Mailing Address 164 E Dawn Dr<br>City<br>Tempe<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Select Medical Corporation | tial) or Full Organization Name          State       Zip Code         AZ       85284-3160         C       Occupation (for Individual)         Vice President       | Date of Receipt<br>07 07 2023<br>Transaction ID : A2023-1633249<br>Amount of Each Receipt this Period<br>192.31<br>Memo Item |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Year-to-Date ▼<br>2692.34  |  |
| Full Name of Individual (Last, First, Middle Init<br>B. Sloterbeek, Meridell, , Mrs.,<br>Mailing Address 164 E Dawn Dr<br>City<br>Tempe  | tial) or Full Organization Name State Zip Code AZ 85284-3160   | Date of Receipt  |
| FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼   | C Occupation (for Individual) Vice President Aggregate Year-to-Date 2884.65  | 192.31<br>Memo Item  |
| Full Name of Individual (Last, First, Middle Init<br>Sloterbeek, Meridell, , Mrs.,<br>Mailing Address 164 E Dawn Dr  | tial) or Full Organization Name  | Date of Receipt  |
| Tempe         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify)   | AZ     210 Code       AZ     85284-3160       C     Occupation (for Individual)       Vice President     Vice President       Aggregate Year-to-Date ▼     3076.96 | Amount of Each Receipt this Period    Memo Item  |
| SUBTOTAL of Receipts This Page (optional)  |  | ► 576.93   |

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| SCHEDULE A   | (FEC Form 3X) |
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|             | EMIZED RECEIPTS   |                                    | for each category of the<br>Detailed Summary Page | $\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$ |  |  |  |  |  |  |  |  |
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|             | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n                     |                                    |   | rson for the purpose of soliciting contributions  |  |  |  |  |  |  |  |  |
| $\setminus$ | NAME OF COMMITTEE (In Full)   |                                    |   |   |  |  |  |  |  |  |  |  |
|             | Select Medical Corporation PAC  |                                    |   |   |  |  |  |  |  |  |  |  |
| Α.          | Full Name of Individual (Last, First, Middle Initia<br>Sloterbeek, Meridell, , Mrs.,<br>Mailing Address 164 E Dawn Dr | l) or Full O                       | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |
|             |   | Ctata                              | Zin Code  | 08 18 2023  |  |  |  |  |  |  |  |  |
|             | City<br>Tempe   | State<br>AZ                        | Zip Code<br>85284-3160                            | Transaction ID : A2023-1884976 Amount of Each Receipt this Period   |  |  |  |  |  |  |  |  |
|             | FEC ID number of contributing federal political committee.  | С                                  |   | 192.31  |  |  |  |  |  |  |  |  |
|             | Name of Employer (for Individual)<br>Select Medical Corporation   |                                    | upation (for Individual)<br>President             | Memo Item   |  |  |  |  |  |  |  |  |
|             | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                          | Year-to-Date ▼<br>3269.27                         |   |  |  |  |  |  |  |  |  |
| в.          | Full Name of Individual (Last, First, Middle Initia Sloterbeek, Meridell, , Mrs.,                                     | l) or Full O                       | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |
|             | Mailing Address 164 E Dawn Dr   |                                    |   | 09 01 2023  |  |  |  |  |  |  |  |  |
|             | City  | State<br>AZ                        | Zip Code  | Transaction ID : A2023-1924751  |  |  |  |  |  |  |  |  |
|             | Tempe   | Amount of Each Receipt this Period |   |   |  |  |  |  |  |  |  |  |
|             | FEC ID number of contributing federal political committee.  | С                                  |   | 192.31  |  |  |  |  |  |  |  |  |
|             | Name of Employer (for Individual)<br>Select Medical Corporation   |                                    | upation (for Individual)<br>e President           | Memo Item   |  |  |  |  |  |  |  |  |
|             | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                          | Year-to-Date ▼<br>3461.58                         |   |  |  |  |  |  |  |  |  |
| <u></u> С.  | Full Name of Individual (Last, First, Middle Initia Sloterbeek, Meridell, , Mrs.,                                     | l) or Full O                       | rganization Name                                  | Date of Receipt   |  |  |  |  |  |  |  |  |
|             | Mailing Address 164 E Dawn Dr   |                                    |   | 09 / D D / Y Y Y Y<br>09 15 2023  |  |  |  |  |  |  |  |  |
|             | City<br>Tempe   | State<br>AZ                        | Zip Code<br>85284-3160                            | Transaction ID : A2023-2036969<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
|             | FEC ID number of contributing federal political committee.  | С                                  |   | 19.24   |  |  |  |  |  |  |  |  |
|             | Name of Employer (for Individual)<br>Select Medical Corporation   |                                    | upation (for Individual)<br>President             | Memo Item   |  |  |  |  |  |  |  |  |
|             | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                          | Year-to-Date ▼<br>3480.82                         |   |  |  |  |  |  |  |  |  |
| $\vdash$    | UBTOTAL of Receipts This Page (optional)  |                                    |   | 403.86  |  |  |  |  |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

| ITEMIZED RECEIPTS   | for each category of the<br>Detailed Summary Page   | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|--|
|   | d Statements may not be sold or used by any put the name and address of any political committee | erson for the purpose of soliciting contributions   |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |   |   |  |  |  |  |  |  |  |  |
| Select Medical Corporation P  | AC  |   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle<br>A. Sloterbeek, Meridell, , Mrs.,<br>Mailing Address 164 E Dawn Dr<br>City | Initial) or Full Organization Name State Zip Code   | Date of Receipt   |  |  |  |  |  |  |  |  |
| Tempe   | AZ 85284-3160   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С   | 19.24   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation   | Occupation (for Individual)<br>Vice President   | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:  | Aggregate Year-to-Date ▼  |   |  |  |  |  |  |  |  |  |
| Other (specify) ▼   | 3500.06   |   |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle  | Initial) or Full Organization Name  |   |  |  |  |  |  |  |  |  |
| B. Sloterbeek, Meridell, , Mrs.,  |   | Date of Receipt   |  |  |  |  |  |  |  |  |
| Mailing Address 164 E Dawn Dr   |   | 10 13 2023  |  |  |  |  |  |  |  |  |
| City  | State Zip Code<br>AZ 85284-3160   | Transaction ID : A2023-2294556  |  |  |  |  |  |  |  |  |
| Tempe   | AZ 85284-3160   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | С   | 19.24   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation   | Occupation (for Individual)<br>Vice President   | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:  | Aggregate Year-to-Date ▼  | -   |  |  |  |  |  |  |  |  |
| Other (specify) ▼   | 3519.30   | 1   |  |  |  |  |  |  |  |  |
|   | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name                 |   |  |  |  |  |  |  |  |  |
| C. Sloterbeek, Meridell, , Mrs.,<br>Mailing Address 164 E Dawn Dr   |   | Date of Receipt   |  |  |  |  |  |  |  |  |
| City  | State Zip Code  | Transaction ID : A2023-2353842  |  |  |  |  |  |  |  |  |
| Tempe   | AZ 85284-3160   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | C   | 19.24   |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation   | Occupation (for Individual)<br>Vice President   | Memo Item   |  |  |  |  |  |  |  |  |
| Receipt For:  | Aggregate Year-to-Date ▼  | -   |  |  |  |  |  |  |  |  |
| Other (specify)   | 3538.54   | ]   |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   | · · · · · · · · · · · · · · · · · · ·   | 57.72   |  |  |  |  |  |  |  |  |

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FOR LINE NUMBER:

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| SCHEDULE A   | (FEC Form 3X) |
|--------------|---------------|
| ITEMIZED REC | EIPTS         |

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

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| TIEIWIIZED RECEIFIS   |   | Detailed Summary Page                   |                                    |  |        | X 11a 11b 11c |            |               |      |    |  |  |  |  |  |  |
|---|---|---|------------------------------------|--|--------|---------------|------------|---------------|------|----|--|--|--|--|--|--|
|   |   |   |                                    | 13   |        | 14            | 15         | 16            |      | 17 |  |  |  |  |  |  |
| Any information copied from such Reports<br>or for commercial purposes, other than usin |   |   |                                    |  |        |               |            |               |      |    |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |   |   |                                    |  |        |               |            |               |      |    |  |  |  |  |  |  |
| Select Medical Corporation  | PAC   |   |                                    |  |        |               |            |               |      |    |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br>A. Sloterbeek, Meridell, , Mrs.,          | dle Initial) or Full C  | organization Name                       |                                    | Date of Receipt  |        |               |            |               |      |    |  |  |  |  |  |  |
| Mailing Address 164 E Dawn Dr   |   |   |                                    | M M<br>11  | /      | D 10          |            | y<br>2023     |      | 1  |  |  |  |  |  |  |
| City  | State   | Zip Code                                |                                    | Transaction ID : A2023-2465162<br>Amount of Each Receipt this Period |        |               |            |               |      |    |  |  |  |  |  |  |
| Tempe   | AZ  | 85284-3160                              |                                    |  |        |               |            |               |      |    |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                              | С   |   |                                    |  |        | <b>y</b>      |            | 1             | 9.24 |    |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation                         |   | upation (for Individual)<br>e President |                                    | М  | emo    | Item          |            |               |      |    |  |  |  |  |  |  |
| Receipt For:  | Aggregate   | Year-to-Date ▼                          |                                    |  |        |               |            |               |      |    |  |  |  |  |  |  |
| Other (specify) ▼   |   | 3557.78                                 | 1                                  |  |        |               |            |               |      |    |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br>B. Sloterbeek, Meridell, , Mrs.,          |   | Date of                                 | f Red                              | ceipt  |        |               |            |               |      |    |  |  |  |  |  |  |
| Mailing Address 164 E Dawn Dr   |   |   |                                    | M M / D D / Y Y Y Y<br>11 24 2023                                    |        |               |            |               |      |    |  |  |  |  |  |  |
| City  | State   | Zip Code                                |                                    | Trans  | actio  | on ID :       | A2023-2    | <u>587509</u> |      |    |  |  |  |  |  |  |
| Tempe   | AZ  | 85284-3160                              | Amount of Each Receipt this Period |  |        |               |            |               |      |    |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                              | С   |   |                                    | <u> </u>   |        | ,             |            | 1             | 9.24 |    |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation                         |   | upation (for Individual)<br>e President |                                    | Memo Item  |        |               |            |               |      |    |  |  |  |  |  |  |
| Receipt For:  |   |   | _                                  |  |        |               |            |               |      |    |  |  |  |  |  |  |
| Primary General   | Aggregate   | Year-to-Date ▼                          | 11                                 |  |        |               |            |               |      |    |  |  |  |  |  |  |
| Other (specify) V   |   | 3577.02                                 |                                    |  |        |               |            |               |      |    |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mide<br>C. Sloterbeek, Meridell, , Mrs.,          | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sloterbeek, Meridell, , Mrs., |   |                                    |  |        |               |            |               |      |    |  |  |  |  |  |  |
| Mailing Address 164 E Dawn Dr   |   |   |                                    | <sup>M</sup> 12  | /      | 08            |            | 2023          | Y    | ]  |  |  |  |  |  |  |
| City  | State<br>AZ   | Zip Code                                |                                    | Trans  | sacti  | on ID :       | : A2023-2  | 726344        |      |    |  |  |  |  |  |  |
| Tempe   | AZ  | 85284-3160                              | _                                  | Amoun  | t of I | Each F        | Receipt th | nis Perio     | bd   |    |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                              | С   |   |                                    | Ľ.   |        | <b>y</b>      |            | 1             | 9.24 |    |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation                         |   | upation (for Individual)<br>President   |                                    | M  | emo    | ltem          |            |               |      |    |  |  |  |  |  |  |
| Receipt For:  | Aggregate   | Year-to-Date <b>V</b>                   |                                    |  |        |               |            |               |      |    |  |  |  |  |  |  |
| Primary General<br>Other (specify)  |   | 3596.26                                 | ]                                  |  |        |               |            |               |      |    |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option  | al)   |   | ▶                                  |  |        | 9             |            | 5             | 7.72 | _  |  |  |  |  |  |  |

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

| SCHEDULE A   | (FEC Form 3X) |
|--------------|---------------|
| ITEMIZED REC | EIPTS         |

FOR LINE NUMBER:

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| IIEMIZED                          | RECEIPTS  |                               | for each category of the<br>Detailed Summary Page                   | X 11a                              | 11b         | 11c           | 12<br>16   | 17    |  |  |  |  |  |  |  |  |
|-----------------------------------|---|-------------------------------|---|------------------------------------|-------------|---------------|------------|-------|--|--|--|--|--|--|--|--|
|                                   |   |                               | y not be sold or used by any p<br>ddress of any political committed | erson for the pu                   | irpose of   | soliciting of | contribu   | tions |  |  |  |  |  |  |  |  |
|                                   | OMMITTEE (In Full)  |                               |   |                                    |             |               |            |       |  |  |  |  |  |  |  |  |
| Select M                          | ledical Corporation F                                       | PAC                           |   |                                    |             |               |            |       |  |  |  |  |  |  |  |  |
| A. Sloterbeek                     | Individual (Last, First, Middle<br>, Meridell, , Mrs.,      | e Initial) or Full Or         | ganization Name   | Date of Receipt                    |             |               |            |       |  |  |  |  |  |  |  |  |
|                                   | 164 E Dawn Dr   |                               |   | 12 22 2023                         |             |               |            |       |  |  |  |  |  |  |  |  |
| City                              |   | State                         | Zip Code  | Transac                            | tion ID :   | A2023-28      | )2109      |       |  |  |  |  |  |  |  |  |
| Tempe                             |   | AZ                            | 85284-3160  | Amount of Each Receipt this Period |             |               |            |       |  |  |  |  |  |  |  |  |
|                                   | ber of contributing<br>al committee.                        | C                             |   | 19.24                              |             |               |            |       |  |  |  |  |  |  |  |  |
| Name of Em                        | ployer (for Individual)                                     | Occu                          | pation (for Individual)   | Memo Item                          |             |               |            |       |  |  |  |  |  |  |  |  |
| Select Medica                     | al Corporation  | Vice                          | President   |                                    |             |               |            |       |  |  |  |  |  |  |  |  |
| Receipt For:                      |   | Aggregate                     | Year-to-Date 🔻  |                                    |             |               |            |       |  |  |  |  |  |  |  |  |
| Primary                           | / General   | 1.99.094                      |   | 1                                  |             |               |            |       |  |  |  |  |  |  |  |  |
| Other (                           | specify) 🔻  |                               | 3615.50   |                                    |             |               |            |       |  |  |  |  |  |  |  |  |
| Full Name of <b>B.</b> Smith, Cha | <sup>f</sup> Individual (Last, First, Middle<br>ad, S, Mr., | Date of F                     | leceipt   |                                    |             |               |            |       |  |  |  |  |  |  |  |  |
| Mailing Addre                     | ess 3289 Rolari Drive                                       | 11 10 Y Y Y Y Y<br>11 10 2023 |   |                                    |             |               |            |       |  |  |  |  |  |  |  |  |
| City                              |   | State                         | Zip Code  | Transac                            | tion ID :   | A2023-246     | 23-2465151 |       |  |  |  |  |  |  |  |  |
| Taneytown                         |   | MD                            | 21787   | Amount o                           | f Each R    | Receipt this  | Period     |       |  |  |  |  |  |  |  |  |
|                                   | ber of contributing<br>al committee.                        | C                             |   | 7 7 7                              |             |               |            |       |  |  |  |  |  |  |  |  |
| Name of Em                        | ployer (for Individual)                                     | Occu                          | pation (for Individual)   | Memo Item                          |             |               |            |       |  |  |  |  |  |  |  |  |
|                                   | al Corporation  |                               | President   |                                    |             |               |            |       |  |  |  |  |  |  |  |  |
| Receipt For:                      | •   | Aggregate                     | Year-to-Date 🔻  |                                    |             |               |            |       |  |  |  |  |  |  |  |  |
| Primary                           | / General   | 33 - 3                        |   | 1                                  |             |               |            |       |  |  |  |  |  |  |  |  |
| Other (                           | specify) <b>v</b>   |                               | 230.78  |                                    |             |               |            |       |  |  |  |  |  |  |  |  |
|                                   | Individual (Last, First, Middlenad, S, Mr.,                 | e Initial) or Full Or         | ganization Name   | Date of F                          | leceipt     |               |            |       |  |  |  |  |  |  |  |  |
| Mailing Addre                     | ess 3289 Rolari Drive                                       |                               |   | M M 11                             | / D D<br>24 |               | 2023       | Y     |  |  |  |  |  |  |  |  |
| City                              |   | State                         | Zip Code  | Transac                            | tion ID :   | A2023-25      | 37558      |       |  |  |  |  |  |  |  |  |
| Taneytown                         |   | MD                            | 21787   | Amount o                           | f Each F    | Receipt this  | Period     |       |  |  |  |  |  |  |  |  |
|                                   | ber of contributing<br>al committee.                        | C                             |   |                                    | y           | , ,           | 115.3      | 39    |  |  |  |  |  |  |  |  |
|                                   | ployer (for Individual)<br>al Corporation                   |                               | pation (for Individual)<br>President                                | Men                                | no Item     |               |            |       |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary           |   | Aggregate                     | Year-to-Date ▼  |                                    |             |               |            |       |  |  |  |  |  |  |  |  |
| Other (                           | specify)  |                               | 346.17  |                                    |             |               |            |       |  |  |  |  |  |  |  |  |
| SUBTOTAL of                       | Receipts This Page (optiona                                 | l)                            |   |                                    | ,           | 9             | 250.(      | 02    |  |  |  |  |  |  |  |  |

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

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| SCHEDULE A   | (FEC Form 3X) |
|--------------|---------------|
| ITEMIZED REC | EIPTS         |

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

| TEMIZED RECEIPTS  |                   | Detailed Summary Page             |                                    | -               |          | 11b          | 11c             |       | 12            |     |    |  |  |  |
|---|-------------------|-----------------------------------|------------------------------------|-----------------|----------|--------------|-----------------|-------|---------------|-----|----|--|--|--|
| Any information copied from such Reports and                              | Statements ma     | ay not be sold or used by any pe  | erson f                            | 13<br>for the   | puri     | 14<br>pose o | 15 f soliciting | cor   | 16<br>htribut |     | 7  |  |  |  |
| or for commercial purposes, other than using th                           | ne name and a     | ddress of any political committee | e to so                            | licit cor       | ntrib    | utions       | from such       | n cor | nmitt         | ee. |    |  |  |  |
| NAME OF COMMITTEE (In Full)   |                   |                                   |                                    |                 |          |              |                 |       |               |     |    |  |  |  |
| Select Medical Corporation PA   | AC                |                                   |                                    |                 |          |              |                 |       |               |     |    |  |  |  |
| Full Name of Individual (Last, First, Middle I<br>A. Smith, Chad, S, Mr., | nitial) or Full O | organization Name                 |                                    | Date of Receipt |          |              |                 |       |               |     |    |  |  |  |
| Mailing Address 3289 Rolari Drive   |                   |                                   |                                    |                 |          |              |                 |       |               |     |    |  |  |  |
| Walling Address 3289 Rolan Drive  |                   |                                   |                                    | 12              |          | 08           |                 |       | )23           | Ŷ   |    |  |  |  |
| City  | State             | Zip Code                          |                                    | Trans           | acti     | ion ID       | : A2023-2       | 7263  | 333           |     |    |  |  |  |
| Taneytown   | MD                | 21787                             | /                                  | Amount          | t of     | Each I       | Receipt th      | iis P | eriod         |     |    |  |  |  |
| FEC ID number of contributing   | С                 |                                   |                                    |                 |          |              |                 | -     | 115.3         | 39  | 1  |  |  |  |
| federal political committee.  | U                 |                                   |                                    |                 | -        | -            | -               | -     |               |     | ١. |  |  |  |
| Name of Employer (for Individual)   | Occ               | upation (for Individual)          |                                    | M               | emo      | Item         |                 |       |               |     |    |  |  |  |
| Select Medical Corporation  | Vice              | e President                       |                                    |                 |          |              |                 |       |               |     |    |  |  |  |
| Receipt For:  | Aggregate         | Year-to-Date <b>V</b>             |                                    |                 |          |              |                 |       |               |     |    |  |  |  |
| Primary General<br>Other (specify) ▼                                      |                   | 461.56                            |                                    |                 |          |              |                 |       |               |     |    |  |  |  |
|   |                   |                                   |                                    |                 |          |              |                 |       |               |     |    |  |  |  |
| Full Name of Individual (Last, First, Middle I                            | nitial) or Full O | organization Name                 |                                    |                 |          |              |                 |       |               |     |    |  |  |  |
| B. Smith, Chad, S, Mr.,   |                   |                                   | I                                  | Date of         | f Re     | ceipt        |                 |       |               |     |    |  |  |  |
| Mailing Address 3289 Rolari Drive   |                   |                                   | 12 / 22 / 2023                     |                 |          |              |                 |       |               |     |    |  |  |  |
| City  | State             | Zip Code                          | Transaction ID : A2023-2802098     |                 |          |              |                 |       |               |     |    |  |  |  |
| Taneytown   | MD                | 21787                             | Amount of Each Receipt this Period |                 |          |              |                 |       |               |     |    |  |  |  |
| FEC ID number of contributing federal political committee.                | С                 |                                   |                                    |                 |          | -            |                 | _     | 115.3         | 39  | ]  |  |  |  |
| Name of Employer (for Individual)   | 000               | upation (for Individual)          | _                                  | M               | emo      | Item         |                 |       |               |     |    |  |  |  |
| Select Medical Corporation  |                   | e President                       |                                    |                 |          |              |                 |       |               |     |    |  |  |  |
| Receipt For:  | Aggregate         | Year-to-Date ▼                    |                                    |                 |          |              |                 |       |               |     |    |  |  |  |
| Primary General   |                   |                                   |                                    |                 |          |              |                 |       |               |     |    |  |  |  |
| Other (specify) <b>v</b>  |                   | 576.95                            |                                    |                 |          |              |                 |       |               |     |    |  |  |  |
| Full Name of Individual (Last, First, Middle I<br>C. Stover, Justin, E, , | nitial) or Full O | organization Name                 |                                    | Data at         |          |              |                 |       |               |     |    |  |  |  |
| C. Stover, Justin, E, ,<br>Mailing Address 1619 Fox Hollow Road           |                   |                                   | - '                                | Date of         | _        | · .          |                 | N     | Y             | N   |    |  |  |  |
|   |                   |                                   |                                    | 07              | <i>'</i> | 07           |                 | 20    |               | T   |    |  |  |  |
| City  | State             | Zip Code                          |                                    | Trans           | act      | ion ID       | : A2023-1       | 6332  | 250           |     |    |  |  |  |
| Mechanicsburg   | PA                | 17055                             | /                                  | Amount          | t of     | Each I       | Receipt th      | iis P | eriod         |     |    |  |  |  |
| FEC ID number of contributing   | С                 |                                   |                                    |                 |          |              |                 |       | 115.3         | 39  | 1  |  |  |  |
| federal political committee.  |                   |                                   |                                    |                 |          | y            | 7               | -     |               |     | 1  |  |  |  |
| Name of Employer (for Individual)   | Occ               | upation (for Individual)          |                                    | Μ               | emc      | ltem         |                 |       |               |     |    |  |  |  |
| Select Medical Corporation  | Vice              | President                         |                                    |                 |          |              |                 |       |               |     |    |  |  |  |
| Receipt For:  | Aggregate         | Year-to-Date <b>V</b>             |                                    |                 |          |              |                 |       |               |     |    |  |  |  |
| Other (specify)   |                   | 1615.46                           |                                    |                 |          |              |                 |       |               |     |    |  |  |  |
|   |                   | Apr. Apr. Apr.                    |                                    |                 |          |              |                 |       |               |     |    |  |  |  |
|   | 1                 |                                   |                                    |                 | -        |              |                 | -     | 0.15          | . 7 | 1  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)                                 |                   | ••••••                            | .                                  |                 |          | y            |                 |       | 346.1         | 17  | 1  |  |  |  |
|   |                   |                                   |                                    |                 |          |              |                 | -     |               |     | 1  |  |  |  |

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FOR LINE NUMBER:

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| SCHEDULE A   | (FEC Form | 3X) |
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| ITEMIZED REC | EIPTS     |     |

FOR LINE NUMBER:

(check only one)

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| TIEMIZED RECEIPTS |   |                 | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17   |  |  |  |  |  |  |  |  |  |  |
|-------------------|---|-----------------|---|---|--|--|--|--|--|--|--|--|--|--|
|                   | y information copied from such Reports and S<br>for commercial purposes, other than using the |                 |   | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.  |  |  |  |  |  |  |  |  |  |  |
|                   | NAME OF COMMITTEE (In Full)   |                 |   |   |  |  |  |  |  |  |  |  |  |  |
| $\langle \rangle$ | Select Medical Corporation PAG  | C               |   |   |  |  |  |  |  |  |  |  |  |  |
| Α.                | Stover, Justin, E, ,           Mailing Address         1619 Fox Hollow Road                   | tial) or Full C | organization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |
|                   | City  | State           | Zip Code  | 07 21 2023  |  |  |  |  |  |  |  |  |  |  |
|                   | Mechanicsburg   | PA              | 17055   | Transaction ID : A2023-1635693  |  |  |  |  |  |  |  |  |  |  |
|                   |   |                 |   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                    | С               |   | 115.39  |  |  |  |  |  |  |  |  |  |  |
|                   | Name of Employer (for Individual)   | Occ             | upation (for Individual)                          | Memo Item   |  |  |  |  |  |  |  |  |  |  |
|                   | Select Medical Corporation  | Vice            | e President                                       |   |  |  |  |  |  |  |  |  |  |  |
|                   | Receipt For:  | Aggregate       | Year-to-Date <b>V</b>                             |   |  |  |  |  |  |  |  |  |  |  |
|                   | Primary General<br>Other (specify) ▼  |                 | 1730.85   | 1   |  |  |  |  |  |  |  |  |  |  |
|                   | Full Name of Individual (Last, First, Middle Ini  | tial) or Full C | Organization Name                                 |   |  |  |  |  |  |  |  |  |  |  |
| В.                | Stover, Justin, E, ,  |                 |   | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |
|                   | Mailing Address 1619 Fox Hollow Road  |                 |   | M         M         /         D         D         /         Y |  |  |  |  |  |  |  |  |  |  |
|                   | City  | State           | Zip Code  | Transaction ID : A2023-1679301  |  |  |  |  |  |  |  |  |  |  |
|                   | Mechanicsburg   | PA              | 17055   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                    | С               |   | 115.39  |  |  |  |  |  |  |  |  |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                               |                 | upation (for Individual)<br>e President           | Memo Item   |  |  |  |  |  |  |  |  |  |  |
|                   | Receipt For:  | Aggregate       | Year-to-Date ▼                                    |   |  |  |  |  |  |  |  |  |  |  |
|                   | Primary General   | riggrogato      |   | 1   |  |  |  |  |  |  |  |  |  |  |
|                   | Other (specify)   |                 | 1846.24   |   |  |  |  |  |  |  |  |  |  |  |
| с.                | Full Name of Individual (Last, First, Middle Ini Stover, Justin, E, ,                         | tial) or Full C | organization Name                                 | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |
|                   | Mailing Address 1619 Fox Hollow Road  |                 |   | M         /         D         /         Y |  |  |  |  |  |  |  |  |  |  |
|                   | City  | State           | Zip Code  | Transaction ID : A2023-1884977  |  |  |  |  |  |  |  |  |  |  |
|                   | Mechanicsburg   | PA              | 17055   | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                    | С               |   | 115.39  |  |  |  |  |  |  |  |  |  |  |
|                   |   |                 | upation (for Individual)<br>President             | Memo Item   |  |  |  |  |  |  |  |  |  |  |
|                   | Receipt For:  |                 | Year-to-Date ▼                                    | -   |  |  |  |  |  |  |  |  |  |  |
|                   | Other (specify)   | , iggi egate    | 1961.63   | ]   |  |  |  |  |  |  |  |  |  |  |
| s                 | UBTOTAL of Receipts This Page (optional)  |                 | ······ )  | 346.17  |  |  |  |  |  |  |  |  |  |  |

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| SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS             | Use<br>for e<br>Deta |
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|   |   | Use separate schedule(s)                      |                                    |  | (check only one) |                                |   |                                  |                       |         |         |    |  |  |  |
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| 11  | EMIZED RECEIPTS   |   |                                    | each category of the tailed Summary Page |                  | X 11a                          |   | 11b<br>14                        | 11c                   | 1       | Г       | 17 |  |  |  |
|   | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r |   |                                    |  |                  | n for the                      |   | rpose of                         | soliciting            | g contr | ributic | ns |  |  |  |
|   | NAME OF COMMITTEE (In Full)   |   |                                    |  |                  |                                |   |                                  |                       |         |         |    |  |  |  |
| $\rangle$   | Select Medical Corporation PAC  |   |                                    |  |                  |                                |   |                                  |                       |         |         |    |  |  |  |
| A.  | Full Name of Individual (Last, First, Middle Initia Stover, Justin, E, ,                          | rganiz  | ation Name                         |  | Date             | of R                           | eceipt  |                                  |                       |         |         |    |  |  |  |
|   | Mailing Address 1619 Fox Hollow Road  |   |                                    |  |                  | М                              | M   |                                  | ) / Y                 |         | Y Y     |    |  |  |  |
|   |   | State   | 7                                  | Zip Code                                 | _                | 09                             |   | 01                               |                       | 202     |         |    |  |  |  |
| City S<br>Mechanicsburg   |   |   |                                    | 17055                                    | _                |                                |   |                                  | A2023-1<br>Receipt th |         |         |    |  |  |  |
|   | FEC ID number of contributing federal political committee.  | С   | Ξ                                  |  |                  | []                             |   | -gr. 1                           | -                     | 1       | 15.39   |    |  |  |  |
|   | Name of Employer (for Individual)<br>Select Medical Corporation                                   |   | upatio<br>Presi                    | n (for Individual)<br>ident              |                  | ľ                              | Mem   | o Item                           |                       |         |         |    |  |  |  |
|   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                                     | Year-1                             | to-Date ▼<br>2077.02                     |                  |                                |   |                                  |                       |         |         |    |  |  |  |
|   | Full Name of Individual (Last, First, Middle Initia   | al) or Full O                                 | rganiz                             | ation Name                               |                  |                                |   |                                  |                       |         |         |    |  |  |  |
| В.  | Stover, Justin, E, ,  | .,  | 0                                  |  |                  | Date                           | of R  | eceipt                           |                       |         |         |    |  |  |  |
|   | Mailing Address 1619 Fox Hollow Road  | -   |                                    |  |                  |                                |   | 09 / D D / Y Y Y Y<br>09 15 2023 |                       |         |         |    |  |  |  |
|   | City<br>Mechanicsburg   | State<br>PA                                   |                                    | /ip Code<br>17055                        |                  | Transaction ID : A2023-2036970 |   |                                  |                       |         |         |    |  |  |  |
|   | FEC ID number of contributing<br>federal political committee.                                     | C   |                                    |  |                  |                                | Amount of Each Receipt this Period  115.39  Memo Item |                                  |                       |         |         |    |  |  |  |
|   | Name of Employer (for Individual)<br>Select Medical Corporation                                   | Occupation (for Individual)<br>Vice President |                                    |  |                  |                                |   |                                  |                       |         |         |    |  |  |  |
|   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                                     | ggregate Year-to-Date ▼<br>2192.41 |  |                  |                                |   |                                  |                       |         |         |    |  |  |  |
| <u>с</u> .  | Full Name of Individual (Last, First, Middle Initia<br>Stover, Justin, E, ,                       | al) or Full O                                 | rganiz                             | ation Name                               |                  | Date                           | of R  | eceipt                           |                       |         |         |    |  |  |  |
|   | Mailing Address 1619 Fox Hollow Road  | 1   |                                    |  |                  | <sup>M</sup> 09                |   | 29                               | ) / Y                 | 2023    |         |    |  |  |  |
|   | City<br>Mechanicsburg   | State<br>PA                                   |                                    | /ip Code<br>17055                        |                  |                                |   |                                  | A2023-2<br>Receipt th |         |         |    |  |  |  |
|   | FEC ID number of contributing federal political committee.  | С   |                                    |  |                  |                                |   | J                                |                       |         | 15.39   |    |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation |   |   | upatio<br>Presi                    | n (for Individual)<br>dent               |                  |                                | Mem   | o Item                           |                       |         |         |    |  |  |  |
|   | Receipt For:<br>Primary General<br>Other (specify)  | to-Date ▼<br>2307.80                          |                                    |  |                  |                                |   |                                  |                       |         |         |    |  |  |  |
| ⊢   | UBTOTAL of Receipts This Page (optional)  |   |                                    |  | -                | Ľ.                             | -   | y                                | . ,                   | 3       | 46.17   | _  |  |  |  |
| 11  | OTAL This Period (last page this line number or   | пу)   |                                    | •••••••                                  |                  | - Lands                        | -   | -                                |                       | 1.00    |         |    |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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|   |                         | Detailed Summary Page    |      | 11a                                | 11b        | 110       | ່      | 12          |    |  |  |  |  |
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| NAME OF COMMITTEE (In Full)   |                         |                          |      |                                    |            |           |        |             |    |  |  |  |  |
| Select Medical Corporatior  | n PAC                   |                          |      |                                    |            |           |        |             |    |  |  |  |  |
| Full Name of Individual (Last, First, Mid   | ddle Initial) or Full C | organization Name        |      |                                    |            |           |        |             |    |  |  |  |  |
| A. Stover, Justin, E, ,   |                         |                          | D    | ate of                             | Receipt    | t         |        |             |    |  |  |  |  |
| Mailing Address 1619 Fox Hollow Road  |                         |                          |      | <sup>M</sup> 10                    |            | D /<br>13 | Y      | y y<br>2023 | Y  |  |  |  |  |
| City  | State                   | Zip Code                 |      | Transa                             | action I   | D : A202  | 3-229  | 4557        |    |  |  |  |  |
| Mechanicsburg   | PA                      | 17055                    | A    | Amount of Each Receipt this Period |            |           |        |             |    |  |  |  |  |
| FEC ID number of contributing federal political committee.                            | C                       |                          |      |                                    | - 10-      |           |        | 115.3       |    |  |  |  |  |
| Name of Employer (for Individual)   | Occ                     | upation (for Individual) | — I  | Me                                 | emo Iten   | n         |        |             |    |  |  |  |  |
| Select Medical Corporation  |                         | e President              | 1.1  |                                    |            |           |        |             |    |  |  |  |  |
| Receipt For:  | Aggregate               | Year-to-Date ▼           |      |                                    |            |           |        |             |    |  |  |  |  |
| Primary General   | Aggregate               |                          |      |                                    |            |           |        |             |    |  |  |  |  |
| Other (specify) <b>v</b>  |                         | 2423.19                  |      |                                    |            |           |        |             |    |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>B. Stover, Justin, E, ,                  | ddle Initial) or Full C | organization Name        | D    | ate of                             | Receipt    | t         |        |             |    |  |  |  |  |
| Mailing Address 1619 Fox Hollow Road  |                         |                          |      | M M                                | / D        | D /       | Y      | Y Y         | Y  |  |  |  |  |
|   |                         |                          |      |                                    |            |           |        | 2023        |    |  |  |  |  |
| City  | State                   | Zip Code                 |      | Transaction ID : A2023-2353843     |            |           |        |             |    |  |  |  |  |
| Mechanicsburg   | PA                      | 17055                    |      |                                    |            | h Receipt |        |             |    |  |  |  |  |
| FEC ID number of contributing federal political committee.                            | C                       |                          |      |                                    |            |           |        | 115.3       | 39 |  |  |  |  |
| Name of Employer (for Individual)   | 000                     | upation (for Individual) | — I  | Me                                 | emo Iten   | n         |        |             |    |  |  |  |  |
| Select Medical Corporation  |                         | e President              | 1.1  |                                    |            |           |        |             |    |  |  |  |  |
| Receipt For:  | Aggregate               | Year-to-Date ▼           |      |                                    |            |           |        |             |    |  |  |  |  |
| Primary General   | Aggregate               |                          |      |                                    |            |           |        |             |    |  |  |  |  |
| Other (specify) V   |                         | 2538.58                  |      |                                    |            |           |        |             |    |  |  |  |  |
| Full Name of Individual (Last, First, Mid<br>C. Stover, Justin, E, ,                  | dle Initial) or Full C  | organization Name        | D    | ate of                             | Receipt    | t         |        |             |    |  |  |  |  |
| Mailing Address 1619 Fox Hollow Road  |                         |                          |      | <sup>M</sup> 11                    |            | D /<br>10 |        | 2023        | Y  |  |  |  |  |
| City  | State                   | Zip Code                 |      | Trans                              | action I   | D : A202  | 3-246  | 5163        |    |  |  |  |  |
| Mechanicsburg   | PA                      | 17055                    | A    | mount                              | of Each    | h Receipt | t this | Period      |    |  |  |  |  |
| FEC ID number of contributing federal political committee.                            | C                       |                          |      |                                    | , <u> </u> | ,         |        | 115.:       | 39 |  |  |  |  |
| Name of Employer (for Individual)   | 0                       | upation (for Individual) | I    | Me                                 | emo Iter   | m         |        |             |    |  |  |  |  |
| Select Medical Corporation  |                         | President                | 11.1 |                                    |            |           |        |             |    |  |  |  |  |
| Receipt For:  |                         |                          |      |                                    |            |           |        |             |    |  |  |  |  |
| Primary General   | Aggregate               | Year-to-Date ▼           | _    |                                    |            |           |        |             |    |  |  |  |  |
| Other (specify)   |                         | 2653.97                  |      |                                    |            |           |        |             |    |  |  |  |  |
| SUBTOTAL of Receipts This Page (option  | nal)                    |                          |      |                                    |            |           |        | 346.1       | 17 |  |  |  |  |
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| SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   | Use sepa<br>for each<br>Detailed |
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|  |                 | Detailed Summary Page    |                                   | 11a<br>13       | -    | 11b<br>14 |           | 11c<br>15 |         | 12<br>16 | 17 |   |  |  |
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| NAME OF COMMITTEE (In Full)  |                 |                          |                                   |                 |      |           |           |           |         |          |    | _ |  |  |
| angle Select Medical Corporation PA  | C               |                          |                                   |                 |      |           |           |           |         |          |    |   |  |  |
| Full Name of Individual (Last, First, Middle Ini<br>L. Stover, Justin, E, ,                        | tial) or Full O | rganization Name         | E                                 | Date of         | Re   | ceipt     |           |           |         |          |    |   |  |  |
| Mailing Address 1619 Fox Hollow Road   |                 |                          |                                   | 11 24 2023      |      |           |           |           |         |          |    |   |  |  |
| City   | State           | Zip Code                 |                                   | Trans           | acti | ion ID :  | : A       | 2023-2    | 587     | 510      |    |   |  |  |
| Mechanicsburg  | PA              | 17055                    | A                                 | mount           | of   | Each F    | Rec       | ceipt thi | is P    | eriod    |    |   |  |  |
| FEC ID number of contributing federal political committee.   | С               |                          |                                   | 115.39          |      |           |           |           |         |          |    |   |  |  |
| Name of Employer (for Individual)  |                 | upation (for Individual) |                                   | Me              | emo  | Item      |           |           |         |          |    |   |  |  |
| Select Medical Corporation   | Vice            | President                |                                   |                 |      |           |           |           |         |          |    |   |  |  |
| Receipt For:<br>Primary General  | Aggregate       | Year-to-Date <b>V</b>    |                                   |                 |      |           |           |           |         |          |    |   |  |  |
| Other (specify)  |                 | 2769.36                  | 11 -                              |                 |      |           |           |           |         |          |    |   |  |  |
|  |                 |                          |                                   |                 |      |           |           |           |         |          |    |   |  |  |
| Full Name of Individual (Last, First, Middle Ini<br>Stover, Justin, E, ,                           | tial) or Full O | rganization Name         |                                   | Date of         | Re   | ceipt     |           |           |         |          |    |   |  |  |
| Mailing Address 1619 Fox Hollow Road   |                 |                          | M M / D D / Y Y Y Y<br>12 08 2023 |                 |      |           |           |           |         | Y        |    |   |  |  |
| City   | State           | Zip Code                 |                                   | Trans           | acti | on ID :   | A         | 2023-27   | 7263    | 345      |    |   |  |  |
| Mechanicsburg  | PA              | 17055                    | A                                 | mount           | of   | Each F    | Rec       | ceipt thi | is P    | eriod    |    |   |  |  |
| FEC ID number of contributing federal political committee.   | С               |                          |                                   | 115.39          |      |           |           |           |         |          |    |   |  |  |
| Name of Employer (for Individual)  |                 | upation (for Individual) |                                   | Memo Item       |      |           |           |           |         |          |    |   |  |  |
| Select Medical Corporation   | Vice            | e President              |                                   |                 |      |           |           |           |         |          |    |   |  |  |
| Receipt For:   | Aggregate       | Year-to-Date ▼           |                                   |                 |      |           |           |           |         |          |    |   |  |  |
| Other (specify)  |                 | 2884.75                  | 11 -                              |                 |      |           |           |           |         |          |    |   |  |  |
|  |                 |                          |                                   |                 |      |           |           |           |         |          |    |   |  |  |
| Full Name of Individual (Last, First, Middle Ini<br>Stover, Justin, E, ,                           | tial) or Full O | rganization Name         |                                   | Date of         | Re   | ceipt     |           |           |         |          |    |   |  |  |
| Mailing Address 1619 Fox Hollow Road   |                 |                          |                                   | <sup>M</sup> 12 | 1    | D 22      |           | / Y       |         | )23      | Y  |   |  |  |
| City   | State           | Zip Code                 |                                   | Trans           | act  | ion ID    | : A       | 2023-2    | 802     | 110      |    |   |  |  |
| Mechanicsburg  | PA              | 17055                    | A                                 | mount           | of   | Each F    | Rec       | ceipt thi | is P    | eriod    |    |   |  |  |
| FEC ID number of contributing federal political committee.   | С               |                          |                                   |                 |      | ,         |           | y         |         | 115.2    | 25 |   |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation                                    | Occi<br>Vice    |                          | Me                                | emc             | ltem |           |           |           |         |          |    |   |  |  |
| Receipt For:   | Aggregate       | Year-to-Date <b>V</b>    |                                   |                 |      |           |           |           |         |          |    |   |  |  |
| Primary General<br>Other (specify)   |                 | 3000.00                  | 1                                 |                 |      |           |           |           |         |          |    |   |  |  |
|  | 1               |                          |                                   |                 |      |           |           |           |         |          |    |   |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED RECEIPTS  |  |                         |         | or each category of the<br>Detailed Summary Page |        | -         | ı      |      | 11b   |     | 11c                         |      | 12               |      | 4-7 |
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| $\overline{)}$   | NAME OF COMMITTEE (In Full)  |                         |         |  |        |           |        |      |       |     |                             |      |                  |      |     |
| $\Big\rangle$  | Select Medical Corporation PAC   |                         |         |  |        |           |        |      |       |     |                             |      |                  |      |     |
| A.   | Full Name of Individual (Last, First, Middle Initial)<br>Streepy, Kurt, S, Mr.,<br>Mailing Address 3128 Mattatha Drive | or Full O               | rga     | nization Name                                    |        | Date      |        | Re   | ceipt | D   |                             | V    | Y                | Y    |     |
|  | City   | State                   |         | Zip Code   | _      | 0         | 7      | acti | 07    | 7   | 2023-1                      | 20   | 023              |      |     |
|  | Bloomington  | IN                      |         | 47401  |        |           |        |      |       |     | ceipt thi                   |      |                  |      |     |
|  | FEC ID number of contributing federal political committee.   | С                       |         |  |        |           |        |      | ,     |     |                             | _    | 115.3            | 39   |     |
|  | Name of Employer (for Individual)<br>Select Medical Corporation  |                         | •       | tion (for Individual)<br>Vice President          |        |           | Me     | mo   | Item  |     |                             |      |                  |      |     |
|  | Receipt For:     A       Primary     General       Other (specify) ▼   | ar-to-Date ▼<br>1615.46 |         |  |        |           |        |      |       |     |                             |      |                  |      |     |
| B.   | Full Name of Individual (Last, First, Middle Initial)<br>Streepy, Kurt, S, Mr.,  | or Full O               | rga     | nization Name                                    |        | Date      | of     | Re   | ceipt |     |                             |      |                  |      |     |
|  | Mailing Address 3128 Mattatha Drive  | _                       |         | <sup>™</sup> 0                                   |        | /         | ۵<br>2 |      | / Y   |     | )23                         | Y    |                  |      |     |
|  | City<br>Bloomington  | State<br>IN             |         | Zip Code<br>47401                                |        |           |        |      |       |     | <b>2023-16</b><br>ceipt thi |      |                  | _    |     |
| FEC ID number of contributing federal political committee. |  |                         |         |  | 115.33 |           |        |      |       |     | 39                          |      |                  |      |     |
|  | Name of Employer (for Individual)<br>Select Medical Corporation  |                         | •       | tion (for Individual)<br>Vice President          |        | Memo Item |        |      |       |     |                             |      |                  |      |     |
|  | Receipt For:       A         Primary       General         Other (specify) ▼   | Aggregate               | Yea     | ar-to-Date ▼<br>1730.85                          |        |           |        |      |       |     |                             |      |                  |      |     |
| с.   | Full Name of Individual (Last, First, Middle Initial)<br>Streepy, Kurt, S, Mr.,  | or Full O               | rga     | nization Name                                    |        | Date      | of     | Re   | ceipt |     |                             |      |                  |      |     |
|  | Mailing Address 3128 Mattatha Drive  |                         |         |  |        | M 08      |        | /    | 04    |     | / Y                         |      | )23 <sup>°</sup> | Y    |     |
|  | City<br>Bloomington  | State<br>IN             |         | Zip Code<br>47401                                |        |           |        |      |       |     | 2023-1                      |      |                  | _    |     |
|  |  | C                       |         |  |        | Amo       | unt    | of   | Each  | Red | ceipt thi                   | is P | eriod<br>115.3   | 39   |     |
|  | Name of Employer (for Individual)<br>Select Medical Corporation  |                         | •       | tion (for Individual)<br>/ice President          |        |           | Me     | emo  | Item  |     |                             |      |                  |      |     |
|  |  | ggregate                | Yea     | ar-to-Date 🔻                                     |        |           |        |      |       |     |                             |      |                  |      |     |
|  | Other (specify)  | -                       | 1846.24 |  |        |           |        |      |       |     |                             |      |                  |      |     |
| s  | UBTOTAL of Receipts This Page (optional)   |                         |         |  |        |           |        |      | ,     |     |                             |      | 346.1            | 7    | ]   |
| т  | OTAL This Period (last page this line number only  | /)                      |         | ••••••   | -      |           |        |      | ,     |     | -                           |      |                  |      |     |

| SCHEDULE A   | (FEC Form 3X) |  |
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| ITEMIZED REC | EIPTS         |  |

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 262 OF

| IT  | EMIZED RECEIPTS   |                           | Use separate schedule(s)<br>for each category of the | (check only one)  |  |  |  |  |  |  |
|---|---|---------------------------|--|---|--|--|--|--|--|--|
|   |   |                           | Detailed Summary Page                                | $\begin{array}{ c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$ |  |  |  |  |  |  |
|   | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |                           |  | erson for the purpose of soliciting contributions   |  |  |  |  |  |  |
|   | NAME OF COMMITTEE (In Full)   |                           |  |   |  |  |  |  |  |  |
|   | Select Medical Corporation PAC  | ;                         |  |   |  |  |  |  |  |  |
| Α.  |   | al) or Full O             | rganization Name                                     | Date of Receipt   |  |  |  |  |  |  |
|   | Mailing Address 3128 Mattatha Drive   |                           |  | 08 18 2023  |  |  |  |  |  |  |
|   | City<br>Bloomington   | State<br>IN               | Zip Code<br>47401                                    | Transaction ID : A2023-1884981<br>Amount of Each Receipt this Period  |  |  |  |  |  |  |
|   | FEC ID number of contributing federal political committee.                                      | С                         |  | 115.39  |  |  |  |  |  |  |
|   | Name of Employer (for Individual)<br>Select Medical Corporation                                 |                           | upation (for Individual)<br>ior Vice President       | Memo Item   |  |  |  |  |  |  |
| Receipt For:       Ag         Primary       General         Other (specify) ▼ |   |                           | Year-to-Date ▼<br>1961.63                            | 1   |  |  |  |  |  |  |
| В.  | Full Name of Individual (Last, First, Middle Initia<br>Streepy, Kurt, S, Mr.,                   | al) or Full O             | rganization Name                                     | Date of Receipt   |  |  |  |  |  |  |
|   | Mailing Address 3128 Mattatha Drive   |                           | 09 01 / Y Y Y Y<br>2023                              |   |  |  |  |  |  |  |
|   | City<br>Bloomington   | State<br>IN               | Zip Code<br>47401                                    | Transaction ID : A2023-1924756  |  |  |  |  |  |  |
|   | FEC ID number of contributing federal political committee.                                      | С                         |  | Amount of Each Receipt this Period  |  |  |  |  |  |  |
|   | Name of Employer (for Individual)<br>Select Medical Corporation                                 |                           | upation (for Individual)<br>ior Vice President       | Memo Item   |  |  |  |  |  |  |
|   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                 | Year-to-Date ▼<br>2077.02                            | ]   |  |  |  |  |  |  |
| —<br>с.   | Full Name of Individual (Last, First, Middle Initia<br>Streepy, Kurt, S, Mr.,                   | al) or Full O             | rganization Name                                     | Date of Receipt   |  |  |  |  |  |  |
|   | Mailing Address 3128 Mattatha Drive   |                           |  | 09 15 2023  |  |  |  |  |  |  |
|   | City<br>Bloomington   | State<br>IN               | Zip Code<br>47401                                    | Transaction ID : A2023-2036974 Amount of Each Receipt this Period   |  |  |  |  |  |  |
|   | FEC ID number of contributing federal political committee.                                      | С                         |  | 115.39  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation               |   |                           | upation (for Individual)<br>or Vice President        | Memo Item   |  |  |  |  |  |  |
|   | Receipt For:<br>Primary General<br>Other (specify)  | Year-to-Date ▼<br>2192.41 | ]  |   |  |  |  |  |  |  |
| s   | UBTOTAL of Receipts This Page (optional)  |                           |  | 346.17  |  |  |  |  |  |  |
| т   | OTAL This Period (last page this line number o  | nly)                      |  |   |  |  |  |  |  |  |

| SCHEDULE A   | (FEC  | Form | 3X) |
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| ITEMIZED REC | EIPTS | \$   |     |

Use separate schedule(s)

FOR LINE NUMBER:

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| ITEMIZED RECEIPTS  |   |                | Use separate schedule(s)                          | (check only one) |                                |              |             |      |  |  |  |
|--|---|----------------|---|------------------|--------------------------------|--------------|-------------|------|--|--|--|
| 11   |   |                | for each category of the<br>Detailed Summary Page | X 11a            | 11b                            | 11c          | 12          | 17   |  |  |  |
|  | y information copied from such Reports and S<br>for commercial purposes, other than using the |                |   | erson for the    | e purpose of                   |              |             | ions |  |  |  |
|  | NAME OF COMMITTEE (In Full)   |                | dureas of any political commute                   |                  | ontinoutions                   |              | commu       |      |  |  |  |
| $\left \right\rangle$                                      | Select Medical Corporation PA   | 2              |   |                  |                                |              |             |      |  |  |  |
| <u>/</u>   | Full Name of Individual (Last, First, Middle Init   | ial) or Full C | rganization Name                                  |                  |                                |              |             |      |  |  |  |
| Α.   | Streepy, Kurt, S, Mr.,  |                | - <u>3</u>  | Date             | of Receipt                     |              |             |      |  |  |  |
|  | Mailing Address 3128 Mattatha Drive   |                |   | 09               | M / D 1                        |              | y y<br>2023 | Y    |  |  |  |
|  | City  | State          | Zip Code  |                  | saction ID :                   |              |             |      |  |  |  |
|  | Bloomington   | IN             | 47401   |                  | nt of Each F                   |              |             |      |  |  |  |
|  | FEC ID number of contributing federal political committee.                                    | С              |   |                  |                                |              | 115.3       | 9    |  |  |  |
|  | Name of Employer (for Individual)<br>Select Medical Corporation                               |                | upation (for Individual)<br>ior Vice President    | n 🗌              | Memo Item                      |              |             |      |  |  |  |
|  | Receipt For:  | Aggregate      | Year-to-Date 🔻                                    |                  |                                |              |             |      |  |  |  |
|  | Primary General<br>Other (specify) ▼  |                | 2307.80   | ]                |                                |              |             |      |  |  |  |
| в.   | Full Name of Individual (Last, First, Middle Init<br>Streepy, Kurt, S, Mr.,                   | ial) or Full C | rganization Name                                  | Date             | of Receipt                     |              |             |      |  |  |  |
|  | Mailing Address 3128 Mattatha Drive   |                |   | M<br>10          |                                |              | 2023        | Y    |  |  |  |
|  | City  | State Zip Code |   |                  | Transaction ID : A2023-2294501 |              |             |      |  |  |  |
|  | Bloomington   | IN             | 47401   | Amou             | nt of Each F                   | Receipt this | Period      |      |  |  |  |
|  | FEC ID number of contributing federal political committee.                                    | С              |   |                  |                                |              | 115.3       | 9    |  |  |  |
|  | Name of Employer (for Individual)<br>Select Medical Corporation                               |                | upation (for Individual)<br>nior Vice President   |                  | Memo Item                      |              |             |      |  |  |  |
|  | Receipt For:  | Aggregate      | Year-to-Date ▼                                    |                  |                                |              |             |      |  |  |  |
|  | Primary General   | , iggi oguto   |   | 1.1              |                                |              |             |      |  |  |  |
|  | Other (specify) ▼   |                | , 2423.19   |                  |                                |              |             |      |  |  |  |
| <u> </u>   | Full Name of Individual (Last, First, Middle Init<br>Streepy, Kurt, S, Mr.,                   | ial) or Full C | rganization Name                                  | Date             | of Receipt                     |              |             |      |  |  |  |
|  | Mailing Address 3128 Mattatha Drive   |                |   | 10               |                                |              | 2023        | Y    |  |  |  |
|  | City  | State          | Zip Code  | Trar             | nsaction ID :                  | A2023-23     | 53847       |      |  |  |  |
|  | Bloomington   | IN             | 47401   | Amou             | nt of Each F                   | Receipt this | Period      |      |  |  |  |
| FEC ID number of contributing federal political committee. |   | С              |   |                  | - y                            | . , .        | 115.3       | 9    |  |  |  |
|  | Name of Employer (for Individual)   | Occ            | upation (for Individual)                          |                  | Memo Item                      |              |             |      |  |  |  |
|  | Select Medical Corporation  | Sen            | ior Vice President                                |                  |                                |              |             |      |  |  |  |
|  | Receipt For:  | Aggregate      | Year-to-Date ▼                                    |                  |                                |              |             |      |  |  |  |
|  | Other (specify)   |                | 2538.58   | ]                |                                |              |             |      |  |  |  |
| s  | UBTOTAL of Receipts This Page (optional)  |                | )   |                  |                                | . , .        | 346.1       | 7    |  |  |  |

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

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

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| Image# 202404159627893860   |                      |   |   |
|---|----------------------|---|---|
| SCHEDULE A (FEC Form 3)<br>TEMIZED RECEIPTS                               | ()                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 264 OF           (check only one)         11a           11a         11b           13         14   |
|   |                      |   | erson for the purpose of soliciting contribution<br>e to solicit contributions from such committee.   |
| NAME OF COMMITTEE (In Full) Select Medical Corporation F                  | PAC                  |   |   |
| Full Name of Individual (Last, First, Middle<br>A. Streepy, Kurt, S, Mr., | e Initial) or Full O | rganization Name  | Date of Receipt   |
| Mailing Address 3128 Mattatha Drive                                       | State                | Zip Code  | M m         /         D D         /         Y Y Y Y         Y           11         10         2023         10         2023         10 |
| Bloomington   | IN                   | 47401   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                | С                    |   | 115.39  |
| Name of Employer (for Individual)<br>Select Medical Corporation           |                      | upation (for Individual)<br>ior Vice President                                | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                      | Aggregate            | Year-to-Date ▼<br>2653.97   | ]   |
| Full Name of Individual (Last, First, Middle<br>B. Streepy, Kurt, S, Mr., | e Initial) or Full O | rganization Name  | Date of Receipt   |
| Mailing Address 3128 Mattatha Drive                                       |                      |   | 11 / D D / Y Y Y Y<br>24 2023   |
| City<br>Bloomington   | State<br>IN          | Zip Code<br>47401   | Transaction ID : A2023-2587514<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                | C                    |   | 115.39  |
| Name of Employer (for Individual)<br>Select Medical Corporation           |                      | upation (for Individual)<br>ior Vice President                                | Memo Item   |
| Receipt For:<br>Primary General<br>Other (specify) ▼                      | Aggregate            | Year-to-Date ▼<br>2769.36   | ]   |
| Full Name of Individual (Last, First, Middle<br>C. Streepy, Kurt, S, Mr., | e Initial) or Full O | rganization Name  | Date of Receipt   |
| Mailing Address 3128 Mattatha Drive                                       |                      |   | M M / D D / Y Y Y Y Y<br>12 08 2023   |
| City<br>Bloomington   | State<br>IN          | Zip Code<br>47401   | Transaction ID : A2023-2726349<br>Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                | C                    |   | 115.39  |
| Name of Employer (for Individual)   | Оссі                 | upation (for Individual)  | Memo Item   |

Senior Vice President

2884.75

100

Aggregate Year-to-Date ▼

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

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

Select Medical Corporation

Other (specify)

General

Receipt For:

Primary

346.17

1.000

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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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

|   | EIVIZED RECEIPIS  |                                     |              | or each category of the<br>Detailed Summary Page                |                                    | (<br>11a                        |              | 1            | 1b               | 11c                   |               | 12               |             |    |
|---|---|-------------------------------------|--------------|---|------------------------------------|---------------------------------|--------------|--------------|------------------|-----------------------|---------------|------------------|-------------|----|
|   |   |                                     |              |   |                                    | 13                              |              | 1            | 4                | 15                    |               | 16               | 1           | 17 |
| Ar<br>or  | y information copied from such Reports and State<br>for commercial purposes, other than using the na                  | ements ma<br>ame and a              | ay n<br>ddre | ot be sold or used by any pe<br>less of any political committee | rson<br>to sc                      | for th<br>olicit c              | e pi<br>ontr | urpo<br>ibut | ise of<br>ions f | solicitin<br>from suc | g co<br>ch cc | ntribut<br>mmitt | ions<br>ee. |    |
| $\backslash$  | NAME OF COMMITTEE (In Full)   |                                     |              |   |                                    |                                 |              |              |                  |                       |               |                  |             |    |
|   | Select Medical Corporation PAC  |                                     |              |   |                                    |                                 |              |              |                  |                       |               |                  |             |    |
| A.  | Full Name of Individual (Last, First, Middle Initial<br>Streepy, Kurt, S, Mr.,<br>Mailing Address 3128 Mattatha Drive | ) or Full Oi                        | rgar         | nization Name   |                                    | Date                            |              | Rece         | eipt             |                       | Y Y           | Y                | Y           |    |
|   |   | 1 -                                 |              |   |                                    | 12                              |              | 1            | 22               | J L                   | 2             | 023              |             |    |
|   | City<br>Bloomington   | State<br>IN                         |              | Zip Code<br>47401   | Transaction ID : A2023-2802114     |                                 |              |              |                  |                       |               |                  |             |    |
|   | FEC ID number of contributing federal political committee.  | C                                   |              |   | Amount of Each Receipt this Period |                                 |              |              |                  |                       |               |                  |             |    |
|   | Name of Employer (for Individual)<br>Select Medical Corporation   |                                     | •            | ion (for Individual)<br>/ice President                          | _                                  |                                 | Men          | no li        | tem              |                       |               |                  |             |    |
|   | Peopint For:  |                                     |              | r-to-Date ▼   |                                    |                                 |              |              |                  |                       |               |                  |             |    |
|   | Other (specify) V   |                                     | -            | 3000.00   |                                    |                                 |              |              |                  |                       |               |                  |             |    |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         B. Tarvin, Michael, E, Mr.,         Date of Receipt |   |                                     |              |   |                                    |                                 |              |              |                  |                       |               |                  |             |    |
| Mailing Address 117 Willow Lake Dr  |   |                                     |              |   |                                    | 10 06 / Y Y Y Y Y<br>10 06 2023 |              |              |                  |                       |               |                  |             |    |
|   | City  | State                               |              | Zip Code  |                                    | Trai                            | isac         | tior         | n ID :           | A2023-                | 2224          | 586              |             |    |
|   | Carlisle  | PA                                  |              | 17015-9164  | Amount of Each Receipt this Period |                                 |              |              |                  |                       |               |                  |             |    |
|   | FEC ID number of contributing federal political committee.  | ů l                                 |              |   |                                    | <u> </u>                        |              | ,            |                  | -                     |               | 5000.0           | 00          |    |
|   | Name of Employer (for Individual)<br>Select Medical Corporation   |                                     | •            | tion (for Individual)<br>ve Vice President                      |                                    |                                 | Men          | no li        | tem              |                       |               |                  |             |    |
|   | Receipt For:  | Aggregate                           | Yea          | r-to-Date ▼<br>5000.00  |                                    |                                 |              |              |                  |                       |               |                  |             |    |
| <u> </u>  | Full Name of Individual (Last, First, Middle Initial<br>Tavenner, Marilyn, B, ,                                       | ) or Full O                         | rgar         | nization Name   |                                    | Date                            | of F         | Rece         | eipt             |                       |               |                  |             |    |
| •.  | Mailing Address 13600 Butler Rd   |                                     |              | -   |                                    | M<br>11                         | M            | /            | 28               |                       |               | 023              | Y           |    |
|   | City<br>Amelia Courthouse   | State<br>VA                         |              | Zip Code<br>23002-2954  |                                    |                                 |              |              |                  | A2023-<br>Receipt t   |               |                  |             |    |
| FEC ID number of contributing federal political committee.  |   |                                     |              |   |                                    | Ē                               |              | y            |                  | .,                    |               | 2500.0           | 00          |    |
|   | Name of Employer (for Individual)<br>Select Medical Corporation   |                                     |              |   |                                    |                                 |              | no l         | tem              |                       |               |                  |             |    |
|   | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Year-to-Date ▼<br>2500.00 |              |   |                                    |                                 |              |              |                  |                       |               |                  |             |    |
| s   | UBTOTAL of Receipts This Page (optional)  |                                     |              | •••••   |                                    |                                 |              | ,            |                  | . ,                   |               | 7615.2           | 25          | ]  |
| т   | OTAL This Period (last page this line number onl  | y)                                  |              | ••••••  |                                    |                                 |              | ,            |                  |                       |               |                  |             | ]  |

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FOR LINE NUMBER:

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| SCHEDULE A   | (FEC Form | 3X) |
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| ITEMIZED REC | EIPTS     |     |

FOR LINE NUMBER:

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| 116  |   |                                     |       | or each category of the<br>Detailed Summary Page |            | X  | 11a<br>13       |      | 1 <sup>-</sup> | 1b<br>4 |  | 1c<br>15 |       | 12<br>16  | 17 |
|--|---|-------------------------------------|-------|--|------------|--|-----------------|------|----------------|---------|--|----------|-------|-----------|----|
|  | y information copied from such Reports and Sta<br>for commercial purposes, other than using the |                                     |       |  |            |  |                 |      |                |         |  |          | g con | ntribu    |    |
| $\square$  | NAME OF COMMITTEE (In Full)   |                                     |       |  |            |  |                 |      |                |         |  |          |       |           |    |
|  | Select Medical Corporation PAC  |                                     |       |  |            |  |                 |      |                |         |  |          |       |           |    |
| Α.   | Full Name of Individual (Last, First, Middle Initi<br>Tenenbaum, Jordan, D, ,                   | al) or Full C                       | Drgar | nization Name                                    |            | D  | ate of          | f Re | ece            | · .     |  |          |       |           |    |
|  | Mailing Address 11231 Mosley Hill Dr  |                                     |       |  |            | L  | 10 <sup>M</sup> | /    | L              | D<br>17 |  | Y        | 20    | )23       | Y  |
|  | City<br>Creve Coeur   | State<br>MO                         |       | Zip Code<br>63141-7622                           |            |  | Trans<br>moun   |      |                |         |  |          |       |           |    |
|  | FEC ID number of contributing<br>federal political committee.                                   | С                                   |       |  |            |  |                 |      | -,             |         |  | -        | _     | 500.      | 00 |
|  | Name of Employer (for Individual)<br>Select Medical Corporation                                 |                                     |       | ion (for Individual)<br>esident                  |            | l  | М               | emc  | o It           | em      |  |          |       |           |    |
| Receipt For:     Aggregate Year-to-Date ▼       Other (specify) ▼     500.00 |   |                                     |       |  |            |  |                 |      |                |         |  |          |       |           |    |
|  | Full Name of Individual (Last, First, Middle Initi<br>Thomas, Dan, , ,                          | al) or Full C                       | Drgar | nization Name                                    |            | D  | ate of          | f Re | ece            | eipt    |  |          |       |           |    |
|  | Mailing Address 5603 Chamberlyne Dr   |                                     |       |  | 11 28 2023 |  |                 |      |                |         |  |          |       |           |    |
|  | City<br>Frisco  | State<br>TX                         |       | Zip Code<br>75034                                |            | Transaction ID : A2023-2552053<br>Amount of Each Receipt this Period |                 |      |                |         |  |          |       |           |    |
|  | FEC ID number of contributing federal political committee.                                      | С                                   |       |  | 5000       |  |                 |      | 5000.          | 00      |  |          |       |           |    |
|  | Name of Employer (for Individual)<br>Select Medical Corporation                                 |                                     |       | tion (for Individual)<br>Nember                  |            |  | М               | emc  | o It           | em      |  |          |       |           |    |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                           | Yea   | r-to-Date ▼<br>5000.00                           |            |  |                 |      |                |         |  |          |       |           |    |
| <u>с</u> .   | Full Name of Individual (Last, First, Middle Initi<br>Umbenhauer, Kristy, J, ,                  | al) or Full C                       | Drgar | nization Name                                    |            | D  | ate of          | f Re | ece            | eipt    |  |          |       |           |    |
|  | Mailing Address 619 Suedberg Rd<br>Suite 1050   |                                     |       |  |            | l  | 07              | 1    | l              | D<br>07 |  | Y        | 20    | 1. Alt 1. | Ŷ  |
|  | City<br>Pine Grove  | State<br>PA                         |       | Zip Code<br>17963-8839                           |            |  | Trans<br>moun   |      |                |         |  |          |       |           |    |
|  | FEC ID number of contributing federal political committee.                                      | С                                   |       |  |            | Amount of Each Receipt this Period                                   |                 |      |                |         |  |          |       |           |    |
|  | Name of Employer (for Individual)<br>Select Medical Corporation                                 |                                     | •     | ion (for Individual)<br>sident                   |            | ļ  | M               | emo  | o li           | tem     |  |          |       |           |    |
|  | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Year-to-Date ▼<br>1615.46 |       |  |            |  |                 |      |                |         |  |          |       |           |    |
| s  | JBTOTAL of Receipts This Page (optional)  |                                     |       | •  | <b>I</b>   | ļ  |                 |      | 9              |         |  | 9        | 5     | 615.      | 39 |
| т  | DTAL This Period (last page this line number o  | nly)                                |       | ••••••   |            |  |                 |      | -              |         |  | _        |       |           |    |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

FOR LINE NUMBER:

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|              | EMIZED RECEIPTS  |                             | for each category of the<br>Detailed Summary Page |                          | 11a<br>13  |       | 11b<br>14 | 11c                           | 12<br>16 | 17   |
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|              | y information copied from such Reports and Si<br>for commercial purposes, other than using the |                             |   |                          |  |       |           |                               |          |      |
| $\backslash$ | NAME OF COMMITTEE (In Full)  |                             |   |                          |  |       |           |                               |          |      |
|              | Select Medical Corporation PAC   | )                           |   |                          |  |       |           |                               |          |      |
| Α.           | Full Name of Individual (Last, First, Middle Init<br>Umbenhauer, Kristy, J, ,                  | ial) or Full C              | Drganization Name                                 |                          | Date c   | of Re | eceipt    |                               |          |      |
|              | Mailing Address 619 Suedberg Rd Suite 1050 City  | State                       | Zip Code  |                          | 07   |       | 21        |                               | 2023     | Ŷ    |
|              | Pine Grove   | PA                          | 17963-8839  |                          |  |       |           | : A2023-1<br>Receipt tl       |          | d    |
|              | FEC ID number of contributing federal political committee.                                     | С                           |   |                          |  |       |           |                               | 115      | 5.39 |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                |                             | cupation (for Individual)<br>e President          |                          | N  | lemo  | o Item    |                               |          |      |
|              | Receipt For:   | Aggregate                   | Year-to-Date ▼                                    |                          |  |       |           |                               |          |      |
|              | Primary General<br>Other (specify) ▼ 1730.85   |                             |   |                          |  |       |           |                               |          |      |
| в.           | Full Name of Individual (Last, First, Middle Init<br>Umbenhauer, Kristy, J, ,                  | ial) or Full C              | Drganization Name                                 |                          | Date c   | of Re | eceipt    |                               |          |      |
|              | Mailing Address 619 Suedberg Rd<br>Suite 1050  |                             |   | 08 04 YYYY<br>08 04 2023 |  |       |           |                               |          |      |
|              | City<br>Pine Grove   | State<br>PA                 | Zip Code<br>17963-8839                            |                          | Transaction ID : A2023-1679286<br>Amount of Each Receipt this Period |       |           |                               |          | d    |
|              | FEC ID number of contributing federal political committee.                                     |                             |   |                          |  | -y 1  |           | 115                           | 5.39     |      |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                |                             | cupation (for Individual)<br>e President          |                          | N  | lemo  | o Item    |                               |          |      |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼   | e Year-to-Date ▼<br>1846.24 |   |                          |  |       |           |                               |          |      |
| <u>с</u> .   | Full Name of Individual (Last, First, Middle Init<br>Umbenhauer, Kristy, J, ,                  | ial) or Full C              | Drganization Name                                 |                          | Date c   | of Re | eceipt    |                               |          |      |
|              | Mailing Address 619 Suedberg Rd Suite 1050   |                             |   |                          | <sup>M</sup> 08  | 1 /   | D<br>18   |                               | 2023     | Ŷ    |
|              | City<br>Pine Grove   | State<br>PA                 | Zip Code<br>17963-8839                            |                          |  |       |           | : <b>A2023-</b><br>Receipt tl |          | d    |
|              | FEC ID number of contributing federal political committee.                                     |                             |   |                          |  | J     |           |                               | 5.39     |      |
|              | Name of Employer (for Individual)  |                             | cupation (for Individual)                         |                          | Memo Item  |       |           |                               |          |      |
|              | Select Medical Corporation Receipt For:  |                             | e President                                       | _                        |  |       |           |                               |          |      |
|              | Primary General  | Aggregate                   | e Year-to-Date ▼                                  |                          |  |       |           |                               |          |      |
|              | Other (specify)  | L                           | 1961.63   | ų.,                      |  |       |           |                               |          |      |
| s            | UBTOTAL of Receipts This Page (optional)   |                             | •   |                          |  |       | , ,       | . ,                           | 346      | 5.17 |
| Т            | OTAL This Period (last page this line number of  | only)                       | •   |                          |  |       | <b>T</b>  |                               |          | -    |

| SCHEDULE A   | (FEC Form 3X) |
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| 11                | EMIZED RECEIPTS  |                 | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         1   |
|-------------------|--|-----------------|---|--|
|                   |  |                 |   | ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee. |
| $\setminus$       | NAME OF COMMITTEE (In Full)  |                 |   |  |
| $\langle \rangle$ | Select Medical Corporation PAC   | ;               |   |  |
| А.                | Full Name of Individual (Last, First, Middle Initi<br>Umbenhauer, Kristy, J, , | al) or Full C   | Organization Name                                 | Date of Receipt  |
|                   | Mailing Address 619 Suedberg Rd Suite 1050 City                                | State           | Zip Code  | 09 01 2023<br>Transaction ID : A2023-1924737   |
|                   | Pine Grove   | PA              | 17963-8839  | Amount of Each Receipt this Period   |
|                   | FEC ID number of contributing federal political committee.                     | С               |   | 115.39   |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                |                 | upation (for Individual)<br>e President           | Memo Item  |
|                   | Receipt For:   | Aggregate       | Year-to-Date <b>V</b>                             |  |
|                   | Primary General<br>Other (specify) ▼   |                 | 2077.02   |  |
| в.                | Full Name of Individual (Last, First, Middle Initi<br>Umbenhauer, Kristy, J, , | Date of Receipt |   |  |
|                   | Mailing Address 619 Suedberg Rd<br>Suite 1050                                  |                 |   | 09 / Y Y Y Y<br>2023   |
|                   | City   | State           | Zip Code  | Transaction ID : A2023-2036955   |
|                   | Pine Grove   | PA              | 17963-8839  | Amount of Each Receipt this Period   |
|                   | FEC ID number of contributing federal political committee.                     | С               |   | 115.39   |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                |                 | upation (for Individual)<br>e President           | Memo Item  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼                           | Aggregate       | Year-to-Date ▼<br>2192.41                         |  |
| <u>с</u> .        | Full Name of Individual (Last, First, Middle Initi<br>Umbenhauer, Kristy, J, , | al) or Full C   | Organization Name                                 | Date of Receipt  |
|                   | Mailing Address 619 Suedberg Rd<br>Suite 1050                                  |                 |   | 09 / D D / Y Y Y Y<br>2023   |
|                   | City<br>Pine Grove   | State<br>PA     | Zip Code<br>17963-8839                            | Transaction ID : A2023-2130220 Amount of Each Receipt this Period  |
|                   | FEC ID number of contributing federal political committee.                     | С               |   | 115.39   |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                |                 | upation (for Individual)<br>President             | Memo Item  |
|                   | Receipt For:   |                 | Year-to-Date ▼                                    |  |
|                   | Primary General<br>Other (specify)   |                 | 2307.80   |  |
| F                 | UBTOTAL of Receipts This Page (optional)                                       |                 |   |  |
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| ITEMIZED RECEIPTS   | for each category of<br>Detailed Summary Pa   |   |
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|   | by any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.  |   |
| NAME OF COMMITTEE (In Full) Select Medical Corporation F  | PAC   |   |
| Full Name of Individual (Last, First, Middle         Umbenhauer, Kristy, J, ,         Mailing Address         619 Suedberg Rd         Suite 1050         City         Pine Grove         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ | Initial) or Full Organization Name         State       Zip Code         PA       17963-8839         C       Occupation (for Individual)         Vice President       Vice President         Aggregate Year-to-Date ▼       2423   | Date of Receipt  Transaction ID : A2023-2294542  Amount of Each Receipt this Period  Memo Item              |
| Full Name of Individual (Last, First, Middle         Umbenhauer, Kristy, J, ,         Mailing Address 619 Suedberg Rd         Suite 1050         City         Pine Grove         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼                 | Initial) or Full Organization Name         State       Zip Code         PA       17963-8839         C       Occupation (for Individual)         Vice President       Vice President         Aggregate Year-to-Date ▼       2538   | Date of Receipt  Tansaction ID : A2023-2353827  Amount of Each Receipt this Period  115.39  Memo Item  3.58 |
| Full Name of Individual (Last, First, Middle         Umbenhauer, Kristy, J, ,         Mailing Address         619 Suedberg Rd         Suite 1050         City         Pine Grove         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify)           | e Initial) or Full Organization Name         State       Zip Code         PA       17963-8839         C       Occupation (for Individual)         Vice President       Vice President         Aggregate Year-to-Date ▼       2653 | Date of Receipt  Transaction ID : A2023-2465147  Amount of Each Receipt this Period  Memo Item              |
| SUBTOTAL of Receipts This Page (optional<br>TOTAL This Period (last page this line numl   |   |   |

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|   | EMIZED RECEIPTS   |               | for each category of the<br>Detailed Summary Page | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |
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| $\left  \right\rangle$  | NAME OF COMMITTEE (In Full)   |               |   |   |  |  |  |  |
|   | Select Medical Corporation PAC  | ;             |   |   |  |  |  |  |
| Α.  | Full Name of Individual (Last, First, Middle Initi<br>Umbenhauer, Kristy, J, ,              | al) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |
|   | Mailing Address 619 Suedberg Rd<br>Suite 1050   | Otate         | Zin Code  | 11 / D D / Y Y Y Y<br>2223  |  |  |  |  |
|   | City<br>Pine Grove  | State<br>PA   | Zip Code<br>17963-8839                            | Transaction ID : A2023-2587554  |  |  |  |  |
|   | FEC ID number of contributing federal political committee.                                  | С             |   | Amount of Each Receipt this Period  |  |  |  |  |
|   | Name of Employer (for Individual)<br>Select Medical Corporation                             |               | upation (for Individual)<br>President             | Memo Item   |  |  |  |  |
|   | Receipt For:  | Aggregate     | Year-to-Date ▼                                    | —   |  |  |  |  |
|   | Primary General<br>Other (specify) ▼  |               | 2769.36   |   |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         B. Umbenhauer, Kristy, J, , |   |               |   |   |  |  |  |  |
|   | Mailing Address 619 Suedberg Rd<br>Suite 1050   |               | 12 08 / Y Y Y Y<br>2023                           |   |  |  |  |  |
|   | City  | State         | Zip Code  | Transaction ID : A2023-2726329  |  |  |  |  |
|   | Pine Grove  | PA            | 17963-8839  | Amount of Each Receipt this Period  |  |  |  |  |
|   | FEC ID number of contributing federal political committee.                                  | С             |   | 115.39  |  |  |  |  |
|   | Name of Employer (for Individual)<br>Select Medical Corporation                             |               | upation (for Individual)<br>President             | Memo Item   |  |  |  |  |
|   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate     | Year-to-Date ▼<br>2884.75                         |   |  |  |  |  |
| <u>с.</u>   | Full Name of Individual (Last, First, Middle Initi<br>Umbenhauer, Kristy, J, ,              | al) or Full O | rganization Name                                  | Date of Receipt   |  |  |  |  |
|   | Mailing Address 619 Suedberg Rd Suite 1050  |               |   | 12 / D D / Y Y Y Y Y<br>22 2023   |  |  |  |  |
|   | City<br>Pine Grove  | State<br>PA   | Zip Code<br>17963-8839                            | Transaction ID : A2023-2802094<br>Amount of Each Receipt this Period                                      |  |  |  |  |
|   | FEC ID number of contributing federal political committee.                                  | С             |   | 115.25  |  |  |  |  |
|   | Name of Employer (for Individual)<br>Select Medical Corporation                             |               | upation (for Individual)<br>President             | Memo Item   |  |  |  |  |
|   | Receipt For:  |               | Year-to-Date ▼                                    | —   |  |  |  |  |
|   | Primary General<br>Other (specify)  | , iggi ogale  | 3000.00   |   |  |  |  |  |
| s   | UBTOTAL of Receipts This Page (optional)  |               | ······ •  | 346.03  |  |  |  |  |
| Т   | OTAL This Period (last page this line number of   | only)         | •••••   |   |  |  |  |  |

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| ITEMIZED RECEIPTS                   |  |  |   | or each category of the<br>Detailed Summary Page   |              | ×         | 11a<br>13  |      | -    | lb    |     | 11c                       |       | 12                    | 17 |  |  |  |
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|                                     | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na            |  |   |  |              |           | or the   |      |      | se of |     |                           |       |                       |    |  |  |  |
| $\backslash$                        | NAME OF COMMITTEE (In Full)  |  |   |  |              |           |  |      |      |       |     |                           |       |                       |    |  |  |  |
|                                     | Select Medical Corporation PAC   |  |   |  |              |           |  |      |      |       |     |                           |       |                       |    |  |  |  |
| Α.                                  | Full Name of Individual (Last, First, Middle Initial<br>Veit, Joel, T, Mr.,<br>Mailing Address 2401 Ascott Way | nization Name  |   | _  | ate o<br>M M | f Re      | ece  | ipt  |      | / Y   |     | 2023                      | Y     |                       |    |  |  |  |
| City State Zip Code                 |  |  |   |  |              | 5         | Trans  | acti | ior  |       | -   | 2023-2                    | 1.0   | 1.00                  |    |  |  |  |
|                                     | Mechanicsburg PA 17055   |  |   |  |              | A         | moun   | t of | Ea   | ach F | Rec | eipt th                   | nis F | Period                |    |  |  |  |
|                                     | FEC ID number of contributing federal political committee.   | C Occupation (for Individual) Senior Vice President Aggregate Year-to-Date ▼ |   |  |              |           | Amount of Each Receipt this Period                                       |      |      |       |     |                           |       |                       |    |  |  |  |
|                                     | Name of Employer (for Individual)<br>Select Medical Corporation<br>Receipt For:                                |  |   |  |              |           | М  | emc  | o It | em    |     |                           |       |                       |    |  |  |  |
|                                     | Primary     General       Other (specify) ▼  | 3000.00  |   |  |              |           |  |      |      |       |     |                           |       |                       |    |  |  |  |
| в.                                  | Full Name of Individual (Last, First, Middle Initial Viggiano, Anthony, J, Mr.,                                | ) or Full O  | rgar  | nization Name                                      |              | D         | ate o  | f Re | ece  | ipt   |     |                           |       |                       |    |  |  |  |
| Mailing Address 1973 Armstong Drive |  |  |   |  |              |           | 07 / <sup>D</sup> <sup>D</sup> <sup>D</sup> <sup>D</sup> <sup>2023</sup> |      |      |       |     |                           |       |                       |    |  |  |  |
|                                     | City<br>Lansdale   | StateZip CodePA19446   |   |  |              |           |  |      |      |       |     | 2 <b>023-1</b><br>eipt th |       | <b>3245</b><br>Period |    |  |  |  |
|                                     | FEC ID number of contributing federal political committee.   | C  |   |  |              |           |  |      | -    |       |     | 7                         | _     | 115.3                 | 9  |  |  |  |
|                                     | Name of Employer (for Individual)<br>Select Medical Corporation  |  | •   | ion (for Individual)<br>esident of Work Strategies |              | Memo Item |  |      |      |       |     |                           |       |                       |    |  |  |  |
|                                     | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate  | Yea   | r-to-Date ▼<br>1615.46                             |              |           |  |      |      |       |     |                           |       |                       |    |  |  |  |
| <u>с.</u>                           | Full Name of Individual (Last, First, Middle Initial Viggiano, Anthony, J, Mr.,                                | ) or Full O  | rgar  | nization Name                                      |              | D         | ate o  | f Re | ece  | ipt   |     |                           |       |                       |    |  |  |  |
|                                     | Mailing Address 1973 Armstong Drive  |  |   |  |              | ľ         | 07   | /    | ľ    | D 21  |     | / Y                       |       | 023 <sup>°</sup>      | Y  |  |  |  |
|                                     | City<br>Lansdale   | State<br>PA  |   | Zip Code<br>19446                                  |              |           |  |      |      |       |     | 2023-1<br>eipt th         |       |                       |    |  |  |  |
|                                     | EC ID number of contributing ederal political committee.   |  |   |  |              |           |  |      | ,    |       |     | ,                         | -     | 115.3                 | 9  |  |  |  |
|                                     | Name of Employer (for Individual)<br>Select Medical Corporation  | •  | ion (for Individual)<br>sident of Work Strategies |  | Memo Item    |           |  |      |      |       |     |                           |       |                       |    |  |  |  |
|                                     | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate  | Yea   | r-to-Date ▼<br>1730.85                             |              |           |  |      |      |       |     |                           |       |                       |    |  |  |  |
| s                                   | UBTOTAL of Receipts This Page (optional)   |  |   |  |              | Γ         |  |      |      |       |     |                           | T     | 3230.7                | 8  |  |  |  |
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|                                | y information copied from such Reports and State<br>for commercial purposes, other than using the nar                      |                                  |  |  |
|                                | NAME OF COMMITTEE (In Full) Select Medical Corporation PAC   |                                  |  |  |
| Select Medical Corporation Vic |  |                                  | ganization Name<br>Zip Code<br>19446<br>pation (for Individual)<br>President of Work Strategies<br>Year-to-Date ▼<br>1846.24   | Date of Receipt  |
| в.                             | Full Name of Individual (Last, First, Middle Initial)<br>Viggiano, Anthony, J, Mr.,<br>Mailing Address 1973 Armstong Drive | Date of Receipt                  |  |  |
|                                | Name of Employer (for Individual)<br>Select Medical Corporation  | Vice                             | 19446<br>upation (for Individual)<br>President of Work Strategies<br>Year-to-Date ▼<br>1961,63                                 | Amount of Each Receipt this Period  115.39 Memo Item   |
| C.                             | Name of Employer (for Individual)<br>Select Medical Corporation  | State<br>PA<br>C<br>Occu<br>Vice | rganization Name<br>Zip Code<br>19446<br>upation (for Individual)<br>President of Work Strategies<br>Year-to-Date ▼<br>2077.02 | Date of Receipt<br>09 / 01 / 2023<br>Transaction ID : A2023-1924747<br>Amount of Each Receipt this Period<br>115.39<br>Memo Item |
| s                              | UBTOTAL of Receipts This Page (optional)   |                                  |  | 346.17   |
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| SCHEDULE A   | (FEC Form 3X) |
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| TEMIZED RECEIPTS   |   | Detailed Summary Page                                  |                                    | -                              |                                    | 11b                     | 11c          |                                | 12            | <u> </u> |  |  |  |  |  |  |
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| NAME OF COMMITTEE (In Full)  |   |  |                                    |                                |                                    |                         |              |                                |               |          |  |  |  |  |  |  |
| Select Medical Corporation PA  |   |  |                                    |                                |                                    |                         |              |                                |               |          |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Ir<br>A. Viggiano, Anthony, J, Mr.,<br>Mailing Address 1973 Armstong Drive        | iitial) or Full Org                                   | anization Name   |                                    | Date of                        | FRe                                | D                       |              |                                | Ý             | Ŷ        |  |  |  |  |  |  |
| City   | Otata   | Zin Code   | 09 15 2023                         |                                |                                    |                         |              |                                |               |          |  |  |  |  |  |  |
| City<br>Lansdale   | State<br>PA   | Zip Code<br>19446                                      | -                                  | Transaction ID : A2023-2036965 |                                    |                         |              |                                |               |          |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   |   |  | Amount of Each Receipt this Period |                                |                                    |                         |              |                                |               |          |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation  |   | ation (for Individual)<br>President of Work Strategies |                                    | M                              | emo                                | tem                     |              |                                |               |          |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate Ye  | ear-to-Date ▼<br>2192.41                               | ]                                  |                                |                                    |                         |              |                                |               |          |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Ir<br><b>B.</b> Viggiano, Anthony, J, Mr.,<br>Mailing Address 1973 Armstong Drive |   | Date of  | FRe                                | eceipt<br>29                   | D / Y                              | 202                     | 23           | Y                              |               |          |  |  |  |  |  |  |
| City   | City State Zip Code                                   |  |                                    |                                |                                    |                         |              | Transaction ID : A2023-2130230 |               |          |  |  |  |  |  |  |
| Lansdale   | Lansdale PA 19  |  |                                    |                                |                                    |                         | Receipt th   |                                |               |          |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   | С   |  |                                    | 115.39<br>Memo Item            |                                    |                         |              |                                |               |          |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation  |   | ation (for Individual)<br>President of Work Strategies |                                    |                                |                                    |                         |              |                                |               |          |  |  |  |  |  |  |
| Receipt For:   | Aggregate Ye  | ear-to-Date 🔻  | -Date <b>V</b>                     |                                |                                    |                         |              |                                |               |          |  |  |  |  |  |  |
| Primary General<br>Other (specify) ▼   |   | 2307.80  |                                    |                                |                                    |                         |              |                                |               |          |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Ir<br>C. Viggiano, Anthony, J, Mr.,   | iitial) or Full Org                                   | anization Name   |                                    | Date of                        | Re                                 | eceipt                  |              |                                |               |          |  |  |  |  |  |  |
| Mailing Address 1973 Armstong Drive  | State   | Zip Code   |                                    | 10 <b>T</b> rend               | '                                  | 13                      | 3            | 202                            | 1. Ale        | Y        |  |  |  |  |  |  |
| City<br>Lansdale   | PA  | 19446  |                                    |                                |                                    |                         | : A2023-2    |                                |               |          |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.   |   |  |                                    |                                | Amount of Each Receipt this Period |                         |              |                                |               |          |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation  | ation (for Individual)<br>resident of Work Strategies |  | Memo Item                          |                                |                                    |                         |              |                                |               |          |  |  |  |  |  |  |
| Receipt For:     Aggregate Year-to-Date ▼       Other (specify)     2423.19  |   |  |                                    |                                |                                    |                         |              |                                |               |          |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)  |   | •••••  | -                                  |                                |                                    | , .                     | . ,          |                                | 346.1         | 17       |  |  |  |  |  |  |

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| SCHEDULE A   | (FEC Form 3X) |
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| Any information copied from such Reports and Statements m |  | for each category of the<br>Detailed Summary Page |   | <b>〈</b> 11a                                 |                     | 11b    |            | 11c     |                 | 12     |                |           |  |  |  |
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|   |  | statements m                                      | ay not be sold or used by any pe                            | erson  | 13<br>for the       | pur    | 14<br>pose | of      | 15<br>solicitin |        | 16<br>tributio | 17<br>Dns |  |  |  |
|   | for commercial purposes, other than using the                                  |   |   |  |                     |        |            |         |                 |        |                |           |  |  |  |
| $\left  \right\rangle$                                    | NAME OF COMMITTEE (In Full)  | ~   |   |  |                     |        |            |         |                 |        |                |           |  |  |  |
| Ľ   | Select Medical Corporation PA  | <u> </u>  |   |  |                     |        |            | _       |                 |        |                |           |  |  |  |
| Α.  | Full Name of Individual (Last, First, Middle Ini<br>Viggiano, Anthony, J, Mr., | tial) or Full C                                   | Drganization Name   |  | Date o              | of Re  | eceipt     | :       |                 |        |                |           |  |  |  |
| -   | Mailing Address 1973 Armstong Drive  |   |   |  | M M / D D / Y Y Y Y |        |            |         |                 |        |                |           |  |  |  |
|   | City   | State   | Zip Code  | 10 27 2023<br>Transaction ID : A2023-2353838 |                     |        |            |         |                 |        |                |           |  |  |  |
|   | Lansdale   | PA  | 19446   | Amount of Each Receipt this Period           |                     |        |            |         |                 |        |                |           |  |  |  |
|   | FEC ID number of contributing federal political committee.                     |   | 115.39  |  |                     |        |            |         |                 |        |                |           |  |  |  |
|   | Name of Employer (for Individual)<br>Select Medical Corporation                |   | cupation (for Individual)<br>e President of Work Strategies |  | N                   | lemo   | o Iten     | n       |                 |        |                |           |  |  |  |
|   | Receipt For:   | Aggregate   | Year-to-Date ▼  |  |                     |        |            |         |                 |        |                |           |  |  |  |
|   | Primary General<br>Other (specify) ▼   |   | 2538.58   |  |                     |        |            |         |                 |        |                |           |  |  |  |
| в.  | Full Name of Individual (Last, First, Middle Ini<br>Viggiano, Anthony, J, Mr., | Date of Receipt                                   |   |  |                     |        |            |         |                 |        |                |           |  |  |  |
|   | Mailing Address 1973 Armstong Drive  |   |   |  | M 11                | /      |            | D<br>10 | / Y             | 202    | 23             | ŕ         |  |  |  |
|   | City   | State   | Zip Code  |  |                     |        |            |         | A2023-2         |        |                |           |  |  |  |
|   | Lansdale   | PA  | 19446   | -  | Amour               | nt of  | Each       | ו R     | eceipt t        | his Pe | eriod          | _         |  |  |  |
|   | FEC ID number of contributing federal political committee.                     |   | 115.39  |  |                     |        |            |         |                 |        |                |           |  |  |  |
|   | Name of Employer (for Individual)<br>Select Medical Corporation                | Occ<br>Vic  |   | N  | lemo                | o Iten | n          |         |                 |        |                |           |  |  |  |
|   | Receipt For:         Primary       General         Other (specify) ▼           |   |   |  |                     |        |            |         |                 |        |                |           |  |  |  |
| <u> </u>  | Full Name of Individual (Last, First, Middle Ini<br>Viggiano, Anthony, J, Mr., | tial) or Full C                                   | Organization Name   |  | Date o              | of Re  | eceipt     | t       |                 |        |                |           |  |  |  |
|   | Mailing Address 1973 Armstong Drive  |   |   |  | M 11                |        |            | 24      | JL              | 202    |                | Ý         |  |  |  |
|   | City<br>Lansdale   | State<br>PA                                       | Zip Code<br>19446   | -  |                     |        |            |         | A2023-          |        |                |           |  |  |  |
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|   | FEC ID number of contributing federal political committee.                     | С   |   |  | 115.39              |        |            |         |                 |        |                |           |  |  |  |
|   | Name of Employer (for Individual)<br>Select Medical Corporation                |   | supation (for Individual)<br>President of Work Strategies   |  | N                   | /lemo  | o Iten     | n       |                 |        |                |           |  |  |  |
|   | Receipt For:<br>Primary General  | Aggregate   |   |  |                     |        |            |         |                 |        |                |           |  |  |  |
|   | Other (specify)  |   | 2769.36   |  |                     |        |            |         |                 |        |                |           |  |  |  |
| s   | UBTOTAL of Receipts This Page (optional)                                       |   | <b>&gt;</b>   | I<br>  | [.                  | -      | 9          |         |                 |        | 346.17         | 7         |  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED RECEIPTS    |  |                               |                                | or each category of the<br>Detailed Summary Page   |  | -               |   | -    | 11b                     | 110   | ;    | 12   |        | <u> </u> |    |  |  |  |  |
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| $\overline{\langle}$ | NAME OF COMMITTEE (In Full)  |                               |                                |  | 10 00  |                 | 511011                                    |      |                         |       | uon  |      | millo  | 0.       |    |  |  |  |  |
| $\rangle$            | Select Medical Corporation PAC   |                               |                                |  |  |                 |   |      |                         |       |      |      |        |          |    |  |  |  |  |
| Α.                   | Full Name of Individual (Last, First, Middle Initial)<br>Viggiano, Anthony, J, Mr.,<br>Mailing Address 1973 Armstong Drive | gar                           | nization Name                  |  | Date   |                 | lec                                       | eipt | 7                       | Y     | Y    | Y    | ŕ      |          |    |  |  |  |  |
|                      | City   | State                         |                                | Zip Code   | 12 08 2023<br>Transaction ID : A2023-2726340 |                 |   |      |                         |       |      |      |        |          |    |  |  |  |  |
|                      | Lansdale   | PA                            |                                | 19446  |  |                 |   |      |                         |       |      |      |        |          |    |  |  |  |  |
|                      | FEC ID number of contributing federal political committee.   |                               |                                |  |  |                 | Amount of Each Receipt this Period 115.39 |      |                         |       |      |      |        |          |    |  |  |  |  |
|                      | Name of Employer (for Individual)<br>Select Medical Corporation  |                               | •                              | ion (for Individual)<br>esident of Work Strategies | Memo Item                                    |                 |   |      |                         |       |      |      |        |          |    |  |  |  |  |
|                      | Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       2884.75          |                               |                                |  |  |                 |   |      |                         |       |      |      |        |          |    |  |  |  |  |
| в.                   | Full Name of Individual (Last, First, Middle Initial)<br>Viggiano, Anthony, J, Mr.,  | or Full Or                    | gar                            | nization Name                                      |  | Date            | of R                                      | lec  | eipt                    |       |      |      |        |          |    |  |  |  |  |
|                      | Mailing Address 1973 Armstong Drive  |                               | 12 D D / Y Y Y Y<br>12 22 2023 |  |  |                 |   |      |                         |       |      |      |        |          |    |  |  |  |  |
|                      | City<br>Lansdale   | StateZip CodePA19446          |                                |  |  |                 |   |      | <b>n ID :</b><br>Each F |       |      |      |        |          |    |  |  |  |  |
|                      | FEC ID number of contributing federal political committee.   |                               |                                | <u> </u>   |  | -,              | _   |      | _                       | 11    | 15.2 | 5    |        |          |    |  |  |  |  |
|                      | Name of Employer (for Individual)<br>Select Medical Corporation  |                               | •                              | ion (for Individual)<br>esident of Work Strategies |  | N               | /lem                                      | 10   | ltem                    |       |      |      |        |          |    |  |  |  |  |
|                      | Receipt For:       A         Primary       General         Other (specify) ▼   | Aggregate                     | Yea                            | r-to-Date ▼<br>3000.00                             |  | -               |   |      |                         |       |      |      |        |          |    |  |  |  |  |
| с.                   | Full Name of Individual (Last, First, Middle Initial)<br>Weigl, Christopher, , ,   | or Full Or                    | gar                            | nization Name                                      |  | Date            | of R                                      | lec  | eipt                    |       |      |      |        |          |    |  |  |  |  |
|                      | Mailing Address 4714 Gettysburg Rd   |                               |                                |  |  | <sup>™</sup> 07 | M   | /    | 07                      |       | Y    | 2023 | Y<br>} | ſ        |    |  |  |  |  |
|                      | City<br>Mechanicsburg  | State<br>PA                   |                                | Zip Code<br>17055                                  |  |                 |   |      | on ID :                 |       |      |      |        |          |    |  |  |  |  |
|                      | FFC ID number of contributing  | Amount of Each Receipt this P |                                |  |  |                 |   |      |                         | 92.3′ | 1    |      |        |          |    |  |  |  |  |
|                      | Name of Employer (for Individual)<br>Select Medical Corporation  | ion (for Individual)<br>e     |                                | Memo Item  |  |                 |   |      |                         |       |      |      |        |          |    |  |  |  |  |
|                      | Receipt For:     A       Primary     General       Other (specify)   | Aggregate                     | Yea                            | r-to-Date ▼<br>2692.34                             | 1  |                 |   |      |                         |       |      |      |        |          |    |  |  |  |  |
| s                    | UBTOTAL of Receipts This Page (optional)   |                               |                                | •  | I  |                 |   |      | ,                       |       |      | 42   | 22.98  | 5        | ]  |  |  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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| $\setminus$       | NAME OF COMMITTEE (In Full)   |               |   |  |  |  |  |  |  |  |  |  |  |  |
| $\backslash$      | Select Medical Corporation PAC  |               |   |  |  |  |  |  |  |  |  |  |  |  |
| Α.                | Full Name of Individual (Last, First, Middle Initia<br>Weigl, Christopher, , ,                  | al) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |  |  |
|                   | Mailing Address 4714 Gettysburg Rd  |               |   | 07 / D D / Y Y Y Y<br>21 2023                          |  |  |  |  |  |  |  |  |  |  |
|                   | City<br>Mechanicsburg   | State<br>PA   | Zip Code<br>17055                                 | Transaction ID : A2023-1635733                         |  |  |  |  |  |  |  |  |  |  |
|                   |   |               | 17035   | Amount of Each Receipt this Period                     |  |  |  |  |  |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                      | С             |   | 192.31   |  |  |  |  |  |  |  |  |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | upation (for Individual)<br>cutive                | Memo Item  |  |  |  |  |  |  |  |  |  |  |
|                   | Receipt For:  | Aggregate     | Year-to-Date ▼                                    |  |  |  |  |  |  |  |  |  |  |  |
|                   | Primary General<br>Other (specify) ▼  |               | 2884.65   |  |  |  |  |  |  |  |  |  |  |  |
| в.                | Full Name of Individual (Last, First, Middle Initia<br>Weigl, Christopher, , ,                  | al) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |  |  |
|                   | Mailing Address 4714 Gettysburg Rd  |               |   | 08 04 2023   |  |  |  |  |  |  |  |  |  |  |
|                   | City  | State         | Zip Code  | Transaction ID : A2023-1679341                         |  |  |  |  |  |  |  |  |  |  |
|                   | Mechanicsburg   | PA            | 17055   | Amount of Each Receipt this Period                     |  |  |  |  |  |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                      | 192.31        |   |  |  |  |  |  |  |  |  |  |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                                 | Memo Item     |   |  |  |  |  |  |  |  |  |  |  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼  |               |   |  |  |  |  |  |  |  |  |  |  |  |
| —<br>c.           | Full Name of Individual (Last, First, Middle Initia<br>Weigl, Christopher, , ,                  | al) or Full O | rganization Name                                  | Date of Receipt  |  |  |  |  |  |  |  |  |  |  |
|                   | Mailing Address 4714 Gettysburg Rd  |               |   | 08 18 2023   |  |  |  |  |  |  |  |  |  |  |
|                   | City  | State         | Zip Code  | Transaction ID : A2023-1885017                         |  |  |  |  |  |  |  |  |  |  |
|                   | Mechanicsburg   | PA            | 17055   | Amount of Each Receipt this Period                     |  |  |  |  |  |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                      | С             |   | 192.31   |  |  |  |  |  |  |  |  |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                                 |               | upation (for Individual)<br>cutive                | Memo Item  |  |  |  |  |  |  |  |  |  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate     |   |  |  |  |  |  |  |  |  |  |  |  |
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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED RECEIPTS   |                                | for each category of the<br>Detailed Summary Page                                       | X         11a         11b         11c         12           13         14         15         16         17                        |
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| or for commercial purposes, other than using  |                                |   | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee.                             |
| NAME OF COMMITTEE (In Full) Select Medical Corporation F  | PAC                            |   |  |
| Full Name of Individual (Last, First, Middle         Weigl, Christopher, , ,         Mailing Address 4714 Gettysburg Rd         City         Mechanicsburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ | State<br>PA<br>C<br>Occ<br>Exe | Zip Code<br>17055<br>upation (for Individual)<br>cutive<br>Year-to-Date ▼<br>3461.58    | Date of Receipt  |
| Full Name of Individual (Last, First, Middle Weigl, Christopher, , ,         Mailing Address 4714 Gettysburg Rd         City         Mechanicsburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼         | State<br>PA<br>C<br>Occ<br>Exe | Internation Name Zip Code 17055 Upation (for Individual) Acutive Year-to-Date ▼ 3653.89 | Date of Receipt  |
| Full Name of Individual (Last, First, Middle Weigl, Christopher, , ,         Mailing Address 4714 Gettysburg Rd         City         Mechanicsburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify)           | State<br>PA<br>C<br>Occ<br>Exe | Zip Code<br>17055<br>upation (for Individual)<br>cutive<br>Year-to-Date ▼<br>3846.20    | Date of Receipt<br>09 / 29 / 2023<br>Transaction ID : A2023-2130277<br>Amount of Each Receipt this Period<br>192.31<br>Memo Item |
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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED RECEIPTS |  |  | or each category of the<br>Detailed Summary Page | <11a<br>13                         |                         | 11b<br>14  | 11c<br>15                           | 12<br>16   | 17   |     |
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|                   | NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PAC  |  |  |                                    |                         |            |                                     |  |  |     |
| A.                | Full Name of Individual (Last, First, Middle Initia         Weigl, Christopher, , ,         Mailing Address 4714 Gettysburg Rd         City         Mechanicsburg         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼ | nization Name<br>Zip Code<br>17055<br>tion (for Individual)<br>ve<br>tr-to-Date ▼<br>4038.51 | Amount   | /<br>actic                         | 13<br>on ID :<br>Each R | A2023-2    | 2023<br>294540<br>iis Perior<br>192 | the second secon |  |     |
| Β.                | Full Name of Individual (Last, First, Middle Initia         Weigl, Christopher, , ,         Mailing Address 4714 Gettysburg Rd         City         Mechanicsburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary       General         Other (specify) ▼         | State<br>PA<br>C<br>Occ<br>Exe   | upa  | Zip Code<br>17055                  | Amount                  | /<br>actic | 27<br>27<br>Each R                  | A2023-2  | 2023<br><b>353885</b><br>iis Period<br>192 | L L |
| C.                | Full Name of Individual (Last, First, Middle Initia<br>Weigl, Christopher, , ,<br>Mailing Address 4714 Gettysburg Rd<br>City<br>Mechanicsburg<br>FEC ID number of contributing<br>federal political committee.<br>Name of Employer (for Individual)<br>Select Medical Corporation  | State<br>PA<br>C   | upat   | nization Name<br>Zip Code<br>17055 | Amount                  | /<br>actio | 10<br>on ID :<br>Each R             | A2023-2  | 2023<br>2465145<br>iis Perioo<br>192       |     |
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| SCHEDULE A   | (FEC Form 3X) |
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|  |  | Detailed Summary Page |                |                            | <b>X</b> 11a   | ı [                   |      | 11b    | 11c        |                       | 12         |  |       |      |  |
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|  | y information copied from such Reports and Sta<br>for commercial purposes, other than using the                      |                       |                |                            |  |                       |      |        |            |                       |            |  |       |      |  |
| $\backslash$   | NAME OF COMMITTEE (In Full)  |                       |                |                            |  |                       |      |        |            |                       |            |  |       |      |  |
| $\Big\rangle$  | Select Medical Corporation PAC   | ,                     |                |                            |  |                       |      |        |            |                       |            |  |       |      |  |
| A.   | Full Name of Individual (Last, First, Middle Initia<br>Weigl, Christopher, , ,<br>Mailing Address 4714 Gettysburg Rd | al) or Full C         | rgan           | ization Name               |  | Date                  |      | Rec    | eipt       |                       | Y          | Ŷ  | Y     |      |  |
|  | 5 The terry sound for  |                       |                |                            |  | 11                    |      | Ĺ      | 24         |                       |            | 023  | ·   - |      |  |
|  | City<br>Mechanicsburg  | State<br>PA           |                | Zip Code<br>17055          | Transaction ID : A2023-2587552<br>Amount of Each Receipt this Period |                       |      |        |            |                       |            |  |       |      |  |
|  | FEC ID number of contributing federal political committee.   | С                     |                |                            |  |                       | unt  |        |            |                       |            | 192.3  | 31    | ]    |  |
|  | Name of Employer (for Individual)<br>Select Medical Corporation  |                       | upati<br>cutiv | on (for Individual)<br>e   |  |                       | Me   | mo     | ltem       |                       |            |  |       |      |  |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼   | ]                     |                |                            |  |                       |      |        |            |                       |            |  |       |      |  |
| в.   | Full Name of Individual (Last, First, Middle Initia<br>Weigl, Christopher, , ,                                       | al) or Full C         | rgan           | ization Name               | +  | Date                  | of   | Rec    | ceipt      |                       |            |  |       |      |  |
|  | Mailing Address 4714 Gettysburg Rd   |                       |                |                            |  | M 12                  |      | /      | D []<br>08 |                       | Y<br>20    | )23  | Y     |      |  |
|  | City   | State                 |                | Zip Code                   |  | Tra                   | nsa  | ctic   | n ID :     | A2023-2               | 726        | 387  |       |      |  |
|  | Mechanicsburg  |                       | 17055          |                            | Amou   | unt                   | of E | Each F | Receipt th | nis F                 | 'eriod     |  |       |      |  |
|  | FEC ID number of contributing federal political committee.   |                       |                | Ē                          |  |                       | ,    |        | _          | 192.3                 | 31         | ]  |       |      |  |
|  | Name of Employer (for Individual)<br>Select Medical Corporation  |                       | upat<br>ecutiv | ion (for Individual)<br>/e |  | Ц                     | Me   | mo     | Item       |                       |            |  |       |      |  |
|  | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate             | Yea            | r-to-Date ▼<br>4807.75     |  |                       |      |        |            |                       |            |  |       |      |  |
| <u>с.</u>  | Full Name of Individual (Last, First, Middle Initia<br>Weigl, Christopher, , ,                                       | al) or Full C         | rgan           | ization Name               |  | Date                  | of   | Rec    | eipt       |                       |            |  |       |      |  |
|  | Mailing Address 4714 Gettysburg Rd   |                       |                |                            |  | M<br>12               |      | 1      | D 22       |                       |            | )23 <sup>°</sup>                               | Y     |      |  |
|  | City<br>Mechanicsburg  | State<br>PA           |                | Zip Code<br>17055          | +  |                       |      |        |            | A2023-2<br>Receipt th |            |  |       |      |  |
|  | FEC ID number of contributing federal political committee.   | С                     |                |                            |  |                       | um   |        |            |                       | 115 F      | 192.2  | 25    | ]    |  |
| Name of Employer (for Individual)     Occupation (for Individual)       Select Medical Corporation     Executive |  |                       |                |                            |  |                       | Me   | mo     | ltem       |                       |            |  |       |      |  |
|  | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate             | Yea            | r-to-Date ▼<br>5000.00     | ]  |                       |      |        |            |                       |            |  |       |      |  |
|  | UBTOTAL of Receipts This Page (optional)<br>OTAL This Period (last page this line number o                           |                       |                |                            | <u> </u>   | [                     |      |        | 7          | - y                   | +          | 576.8  | 7     | ]    |  |
| 1 1  |  | ···· <b>J</b> /·····  |                |                            | ·  | - International State |      | -      | ,          |                       | all series | - 1. A. M. |       | - He |  |

| SCHEDULE A   | (FEC Form 3X) |
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| TIEWIZED RECEIPTS |   | for each category of the<br>Detailed Summary Page |                                      | ×      | 11a<br>13                          |                 | 11<br>14 | 1b<br>1 | 11c       |           | 12<br>16 | 17       |       |  |  |  |
|-------------------|---|---|--------------------------------------|--------|------------------------------------|-----------------|----------|---------|-----------|-----------|----------|----------|-------|--|--|--|
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| $\backslash$      | NAME OF COMMITTEE (In Full)   |   |                                      |        |                                    |                 |          |         |           |           |          |          |       |  |  |  |
| $\langle \rangle$ | Select Medical Corporation PAC  | ;   |                                      |        |                                    |                 |          |         |           |           |          |          |       |  |  |  |
| Α.                |   | al) or Full C                                     | Drganization Name                    |        | D                                  | ate o           | f Re     | ece     | ipt       |           |          |          |       |  |  |  |
|                   | Mailing Address 4714 Gettysburg Rd  |   |                                      |        | 07 14 2023                         |                 |          |         |           |           |          |          |       |  |  |  |
|                   | City  | State<br>PA                                       | Zip Code                             |        |                                    |                 |          |         |           | A2023-    |          |          | _     |  |  |  |
|                   | Mechanicsburg   |   | 17055                                |        | A                                  | moun            | t of     | Ea      | ach R     | eceipt    | this F   | Period   |       |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                      | С   |                                      | 115.39 |                                    |                 |          |         |           |           |          |          |       |  |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                                 |   | cupation (for Individual)            |        | l                                  | М               | emc      | o It    | em        |           |          |          |       |  |  |  |
|                   | Receipt For:  | Aggregate   | Year-to-Date V                       |        |                                    |                 |          |         |           |           |          |          |       |  |  |  |
|                   | Primary General<br>Other (specify) ▼  |   | 1615.46                              |        |                                    |                 |          |         |           |           |          |          |       |  |  |  |
| В.                | Full Name of Individual (Last, First, Middle Initi<br>Werner, William, , ,                      | al) or Full C                                     | Drganization Name                    |        | D                                  | ate o           | f Re     | ece     | ipt       |           |          |          |       |  |  |  |
| -                 | Mailing Address 4714 Gettysburg Rd  |   |                                      |        | _                                  | м м<br>07       | 1′       | _       | 28        | /         |          | )23<br>) | Ŷ     |  |  |  |
|                   | City  | State   | Zip Code                             |        | Transaction ID : A2023-1654993     |                 |          |         |           |           |          |          |       |  |  |  |
|                   | Mechanicsburg   | PA  | 17055                                |        | Amount of Each Receipt this Period |                 |          |         |           |           |          |          |       |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                      | С   |                                      |        |                                    |                 |          |         |           |           | 39       |          |       |  |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                                 |   | cupation (for Individual)<br>ecutive |        | l                                  | М               | emo      | o It    | em        |           |          |          |       |  |  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate   | Year-to-Date ▼<br>1730.85            |        |                                    |                 |          |         |           |           |          |          |       |  |  |  |
| <u></u> с.        | Full Name of Individual (Last, First, Middle Initi<br>Werner, William, , ,                      | al) or Full C                                     | Drganization Name                    |        | D                                  | ate o           | f Re     | ece     | ipt       |           |          |          |       |  |  |  |
|                   | Mailing Address 4714 Gettysburg Rd  |   |                                      |        |                                    | <sup>M</sup> 08 | /        |         | D D<br>11 | 1         |          | 023      | Y     |  |  |  |
|                   | City<br>Mechanicsburg   | State<br>PA                                       | Zip Code<br>17055                    |        |                                    |                 |          |         |           | A2023     |          |          |       |  |  |  |
|                   | FEC ID number of contributing federal political committee.                                      | С   |                                      |        | ļ                                  |                 |          | ŋ       |           | . ,       |          | 115.     | 39    |  |  |  |
|                   | Name of Employer (for Individual)<br>Select Medical Corporation                                 |   | cupation (for Individual)<br>coutive |        |                                    | M               | emo      | o It    | em        |           |          |          |       |  |  |  |
|                   | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate   | Year-to-Date ▼<br>1846.24            |        |                                    |                 |          |         |           |           |          |          |       |  |  |  |
| s                 | UBTOTAL of Receipts This Page (optional)  |   |                                      | •      | ļ                                  |                 |          | ,       |           | . ,       |          | 346.     | 17    |  |  |  |
| Т                 | OTAL This Period (last page this line number o  | nly)  |                                      |        |                                    |                 |          | -       |           | 1.45      |          |          |       |  |  |  |

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

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|  |   |                                  | for each category of the<br>Detailed Summary Page |  | < 1<br>1 | 1a<br>3 |                   | 11b          |      | 11c                       | 12                     |        | 17                |     |
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|  | NAME OF COMMITTEE (In Full)<br>Select Medical Corporation PAC   |                                  |   |  |          |         |                   |              |      |                           |                        |        |                   |     |
| Α.   | Full Name of Individual (Last, First, Middle Initial)         Werner, William, , ,         Mailing Address 4714 Gettysburg Rd         City         Mechanicsburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary         General         Other (specify) ▼ | State<br>PA<br>C                 | upat  | Zip Code<br>17055<br>tion (for Individual) |          | <br>T   | 08<br>rans<br>oun | f of         |      | 25<br>D:<br>h R           | A2023-1<br>Receipt th  | is Per | 3<br>1            | 9   |
| В.   | Full Name of Individual (Last, First, Middle Initial)         Werner, William, , ,         Mailing Address 4714 Gettysburg Rd         City         Mechanicsburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary         General         Other (specify) ▼ | State<br>PA<br>C                 | upa   | Zip Code<br>17055<br>tion (for Individual) |          | <br>Tr  | 09<br>ans<br>oun  | acti<br>t of |      | 08<br><b>D :</b><br>h R   | A2023-24<br>Receipt th | is Per | 3                 | 9   |
| C.   | Full Name of Individual (Last, First, Middle Initial)         Werner, William, , ,         Mailing Address 4714 Gettysburg Rd         City         Mechanicsburg         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Select Medical Corporation         Receipt For:         Primary         Other (specify)                   | State<br>PA<br>C<br>Occu<br>Exec | upat  | Zip Code<br>17055<br>tion (for Individual) |          | <br>T   | 09<br>rans<br>oun | sact         |      | 22<br>I <b>D</b> :<br>h R |                        | is Per | 3<br>9            | 9   |
| s  | UBTOTAL of Receipts This Page (optional)  |                                  |   |  | <br>-    |         |                   |              | 9    |                           | 9                      | 34     | 46.1 <sup>-</sup> | 7   |
| т  | OTAL This Period (last page this line number only   | y)                               |   | ••••••                                     | •        | L       |                   |              | -    |                           | -                      |        | - 10              |     |

| SCHEDULE A   | (FEC Form 3X) |
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|   |   | y of the<br>ry Page | X 11a 11b 11c 12  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---------------------|---|--|--|--|--|--|--|--|--|--|--|--|
|   |   |                     | 13     14     15     16     17       on for the purpose of soliciting contributions<br>o solicit contributions from such committee. |  |  |  |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   | any and name and address of any politi  |                     | Const Contributions from Such Continutee.   |  |  |  |  |  |  |  |  |  |  |  |
| Select Medical Corporatio   | n PAC                                   |                     |   |  |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>A. Werner, William, , ,<br>Mailing Address 4714 Gettysburg Rd |   |                     | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |  |
| City  | State Zip Code                          | -                   | Transaction ID : A2023-2223667  |  |  |  |  |  |  |  |  |  |  |  |
| Mechanicsburg   | PA 17055                                |                     | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | C                                       |                     | 115.39  |  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)   | Occupation (for Individu                | al)                 | Memo Item   |  |  |  |  |  |  |  |  |  |  |  |
| Select Medical Corporation  | Executive                               |                     |   |  |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼                | 2307.80             |   |  |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi<br>B. Werner, William, , ,                                       | ddle Initial) or Full Organization Name |                     | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 4714 Gettysburg Rd  |   |                     | 10 20 2023  |  |  |  |  |  |  |  |  |  |  |  |
| City  | State Zip Code                          |                     | Transaction ID : A2023-2314419  |  |  |  |  |  |  |  |  |  |  |  |
| Mechanicsburg   | PA 17055                                |                     | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | C                                       |                     | 115.39  |  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)   | Occupation (for Individu                | al)                 | Memo Item   |  |  |  |  |  |  |  |  |  |  |  |
| Select Medical Corporation  | Executive                               | ,                   | -   |  |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate Year-to-Date ▼                | 2423.19             |   |  |  |  |  |  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mi  | ddle Initial) or Full Organization Name |                     | Date of Receipt   |  |  |  |  |  |  |  |  |  |  |  |
| Mailing Address 4714 Gettysburg Rd  |   |                     | M M / D D / Y Y Y Y<br>11 03 2023   |  |  |  |  |  |  |  |  |  |  |  |
| City  | State Zip Code                          |                     | Transaction ID : A2023-2379813  |  |  |  |  |  |  |  |  |  |  |  |
| Mechanicsburg   | PA 17055                                |                     | Amount of Each Receipt this Period  |  |  |  |  |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  | C                                       |                     | 115.39  |  |  |  |  |  |  |  |  |  |  |  |
| Name of Employer (for Individual)<br>Select Medical Corporation   | Occupation (for Individu<br>Executive   | al)                 | Memo Item   |  |  |  |  |  |  |  |  |  |  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate Year-to-Date ▼                | 2538.58             |   |  |  |  |  |  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option  | nal)                                    | ····· •             | 346.17  |  |  |  |  |  |  |  |  |  |  |  |

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| 11           | EMIZED RECEIPTS  |               | for each category of the<br>Detailed Summary Page |  | ✓ 11a<br>13  | a [ | _     | 11b<br>14 | 11c                     | 12  | 17     |  |  |
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| $\setminus$  | NAME OF COMMITTEE (In Full)  |               |   |  |  |     |       |           |                         |     |        |  |  |
| $\backslash$ | Select Medical Corporation PAC   | ,             |   |  |  |     |       |           |                         |     |        |  |  |
| Α.           | Full Name of Individual (Last, First, Middle Initi<br>Werner, William, , ,<br>Mailing Address 4714 Gettysburg Rd | al) or Full C | Drganization Name                                 |  | Date   | of  | Rec   | · .       |                         |     | Y      |  |  |
|              |  |               |   |  | 1  | 1   | _ L L |           |                         |     |        |  |  |
|              | City<br>Mechanicsburg  | State<br>PA   | Zip Code<br>17055                                 |  |  |     |       |           | : A2023-2<br>Receipt tl |     | d      |  |  |
|              | FEC ID number of contributing federal political committee.   | С             |   |  |  |     |       | ,         |                         | 115 |        |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation  |               | cupation (for Individual)<br>ecutive              |  |  | Me  | mo    | ltem      |                         |     |        |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate     | e Year-to-Date ▼<br>2653.97                       |  |  |     |       |           |                         |     |        |  |  |
| В.           | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         Werner, William, , ,     |               |   |  |  |     |       |           |                         |     |        |  |  |
|              | Mailing Address 4714 Gettysburg Rd   |               | 12 01 / Y Y Y Y<br>2023                           |  |  |     |       |           |                         |     |        |  |  |
|              | City<br>Mechanicsburg  | State<br>PA   | Zip Code<br>17055                                 |  | Transaction ID : A2023-2601813<br>Amount of Each Receipt this Period |     |       |           |                         |     |        |  |  |
|              | FEC ID number of contributing federal political committee.   | С             |   |  | Ē  |     |       | ,         |                         | 115 | 5.39   |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation  |               | cupation (for Individual)<br>ecutive              |  | Ц  | Me  | mo    | Item      |                         |     |        |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate     | e Year-to-Date ▼<br>2769.36                       |  |  |     |       |           |                         |     |        |  |  |
| с.           | Full Name of Individual (Last, First, Middle Initi<br>Werner, William, , ,                                       | al) or Full C | Drganization Name                                 |  | Date   | of  | Rec   | ceipt     |                         |     |        |  |  |
|              | Mailing Address 4714 Gettysburg Rd   |               |   |  | 12 15 / Y Y Y Y<br>2023  |     |       |           |                         |     |        |  |  |
|              | City<br>Mechanicsburg  | State<br>PA   | Zip Code<br>17055                                 |  |  |     |       |           | : A2023-2<br>Receipt th |     | d      |  |  |
|              | FEC ID number of contributing federal political committee.   | С             |   |  |  |     |       |           |                         |     | 5.39   |  |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation  |               | cupation (for Individual)<br>ecutive              |  |  | Me  | emo   | ltem      |                         |     |        |  |  |
|              | Receipt For:<br>Primary General<br>Other (specify)   | Aggregate     | e Year-to-Date ▼<br>2884.75                       |  |  |     |       |           |                         |     |        |  |  |
| s            | UBTOTAL of Receipts This Page (optional)   |               |   |  | Ē  |     |       | ,         | 5                       | 346 | 5.17   |  |  |
| т            | OTAL This Period (last page this line number o   | nly)          |   |  |  | _   |       | 7         | -                       |     |        |  |  |

| m         | age# 202404159027695660  |                       |                                  |         |                        |                   |             |                |     |  |  |  |  |  |
|-----------|--|-----------------------|----------------------------------|---------|------------------------|-------------------|-------------|----------------|-----|--|--|--|--|--|
|           | CHEDULE A (FEC Form 3X)<br>EMIZED RECEIPTS   |                       | Use separate s                   | ( )     | FOR LINE<br>(check onl | NUMBER:<br>y one) | PAGE        | 284 OF         | 302 |  |  |  |  |  |
| ••        | EMIZED RECEIPIS  |                       | for each catego<br>Detailed Summ |         | <b>X</b> 11a           | 11b               | 11c         | 12             |     |  |  |  |  |  |
| _         |  |                       |                                  |         | 13                     | 14                | 15          | 16             | 17  |  |  |  |  |  |
|           | ny information copied from such Reports and S<br>for commercial purposes, other than using the |                       |                                  |         |                        |                   |             |                |     |  |  |  |  |  |
| $\square$ | NAME OF COMMITTEE (In Full)  |                       |                                  |         |                        |                   |             |                |     |  |  |  |  |  |
|           | Select Medical Corporation PA  | С                     |                                  |         |                        |                   |             |                |     |  |  |  |  |  |
| A.        | Full Name of Individual (Last, First, Middle In Werner, William, , ,                           | itial) or Full (      | Organization Name                |         | Date o                 | f Receipt         |             |                |     |  |  |  |  |  |
|           | Mailing Address 4714 Gettysburg Rd   |                       |                                  |         | 12 <sup>M</sup>        | / D D             | / Y         | 2023           |     |  |  |  |  |  |
|           | City   | State                 | Zip Code                         |         | Trans                  | saction ID :      | A2023-30    | 25551          |     |  |  |  |  |  |
|           | Mechanicsburg  | PA                    | 17055                            |         | Amoun                  | t of Each R       | eceipt this | s Period       |     |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.                                     | С                     |                                  |         |                        |                   |             | 115.28         | 5   |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation                                |                       | cupation (for Individ            | ual)    | М                      | emo Item          |             |                |     |  |  |  |  |  |
|           | Receipt For:   | Aggregate             | Year-to-Date ▼                   |         |                        |                   |             |                |     |  |  |  |  |  |
|           | Primary General  |                       |                                  |         |                        |                   |             |                |     |  |  |  |  |  |
|           | Other (specify) <b>v</b>   |                       | -195 I -195 I                    | 3000.00 |                        |                   |             |                |     |  |  |  |  |  |
| B.        | Full Name of Individual (Last, First, Middle In Williams, Brian, J, Mr.,                       | itial) or Full (      | Drganization Name                |         | Date o                 | f Receipt         |             |                |     |  |  |  |  |  |
|           | Mailing Address 9670 Rod Road  | 07 07 Y Y Y Y<br>2023 |                                  |         |                        |                   |             |                |     |  |  |  |  |  |
|           | City   | State                 | Zip Code                         |         | Trans                  | action ID :       | A2023-16    | 33237          |     |  |  |  |  |  |
|           | Alpharetta   | GA                    | 30022                            |         | Amoun                  | t of Each R       | eceipt this | s Period       |     |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.                                     | С                     |                                  |         | 192.31                 |                   |             |                |     |  |  |  |  |  |
|           | Name of Employer (for Individual)  | Oc                    | cupation (for Individ            | lual)   | Memo Item              |                   |             |                |     |  |  |  |  |  |
|           | Select Medical Corporation   | Se                    | nior Vice President              |         |                        |                   |             |                |     |  |  |  |  |  |
|           | Receipt For:   | Aggregate             | e Year-to-Date ▼                 |         |                        |                   |             |                |     |  |  |  |  |  |
|           | Primary General<br>Other (specify) ▼   |                       |                                  | 2692.34 |                        |                   |             |                |     |  |  |  |  |  |
|           |  |                       | , , ,                            | 2032.34 |                        |                   |             |                |     |  |  |  |  |  |
| C.        | Full Name of Individual (Last, First, Middle In Williams, Brian, J, Mr.,                       | itial) or Full (      | Organization Name                |         | Date o                 | f Receipt         |             |                |     |  |  |  |  |  |
|           | Mailing Address 9670 Rod Road  |                       |                                  |         | M _ M<br>07            | / D D             | / Y         | 2023           | ſ   |  |  |  |  |  |
|           | City   | State                 | Zip Code                         |         | Trans                  | saction ID :      | A2023-16    | 35680          |     |  |  |  |  |  |
|           | Alpharetta   | GA                    | 30022                            |         | Amoun                  | t of Each R       | eceipt this | s Period       |     |  |  |  |  |  |
|           | FEC ID number of contributing federal political committee.                                     | С                     |                                  |         |                        | . , .             | . , .       | 192.3 <i>°</i> |     |  |  |  |  |  |
|           | Name of Employer (for Individual)<br>Select Medical Corporation                                |                       | cupation (for Individ            | ual)    | M                      | lemo Item         |             |                |     |  |  |  |  |  |
|           | Receipt For:   |                       |                                  |         | _                      |                   |             |                |     |  |  |  |  |  |
|           | Primary General  | Aggregate             | Year-to-Date ▼                   |         |                        |                   |             |                |     |  |  |  |  |  |
|           | Other (specify)  |                       |                                  | 2884.65 |                        |                   |             |                |     |  |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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

|              | EIVIZED RECEIPTS  |  |               | Or each category of the<br>Detailed Summary Page           |                | <b>(</b> 11 | а          |               | 11b               |               | 11c                  |                | 12              | _           |  |
|--------------|---|--|---------------|--|----------------|-------------|------------|---------------|-------------------|---------------|----------------------|----------------|-----------------|-------------|--|
|              |   | Detailed Summary Page       11a       11b       11c       12<br>12         uch Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.       1 | 17            |  |                |             |            |               |                   |               |                      |                |                 |             |  |
| Ar<br>or     | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n                | tements ma<br>ame and a  | ay n<br>Iddre | ot be sold or used by any peess of any political committee | erson<br>to so | for to      | the<br>cor | pur <br>ntrib | pose o<br>outions | of s<br>s fro | soliciting<br>om suc | g coi<br>:h co | ntribu<br>mmitt | ions<br>ee. |  |
| $\backslash$ | NAME OF COMMITTEE (In Full)   |  |               |  |                |             |            |               |                   |               |                      |                |                 |             |  |
|              | Select Medical Corporation PAC  |  |               |  |                |             |            |               |                   |               |                      |                |                 |             |  |
| A.           | Full Name of Individual (Last, First, Middle Initial<br>Williams, Brian, J, Mr.,<br>Mailing Address 9670 Rod Road | l) or Full C   | )rgai         | nization Name  |                |             |            |               |                   |               |                      |                |                 |             |  |
|              | City  | State  |               | Zin Code   |                | (           | )8         |               | 0                 | )4            |                      | 20             | 023             | Y           |  |
|              | Alpharetta  |  |               |  |                |             |            |               | -                 |               |                      |                |                 |             |  |
|              | FEC ID number of contributing federal political committee.  | С  | l             |  |                |             | Juni       | . 01          | Each              | Re            |                      |                |                 | 31          |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation   |  | •             |  |                |             | Me         | emc           | ) Item            | I             |                      |                |                 |             |  |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate  | Yea           |  |                |             |            |               |                   |               |                      |                |                 |             |  |
| в.           | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Williams, Brian, J, Mr.,          |  |               |  |                |             |            |               | ceipt             |               |                      |                |                 |             |  |
|              | Mailing Address 9670 Rod Road   |  |               |  |                |             |            | /             |                   | -             | / Y                  |                |                 | Y           |  |
|              | City  | State  |               | Zip Code   |                | Tra         | ans        | acti          | on ID             | ):A           | 2023-1               | 884            | 964             |             |  |
|              | Alpharetta  | GA   |               | 30022  |                | Amo         | ount       | of            | Each              | Re            | ceipt th             | nis P          | 'eriod          |             |  |
|              | FEC ID number of contributing federal political committee.  | С  |               |  |                |             |            |               | -                 |               |                      | _              | 192.            | 31          |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation   |  | •             | ,  |                | Ц           | Me         | emc           | Item              | i             |                      |                |                 |             |  |
|              | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate  | Yea           |  |                |             |            |               |                   |               |                      |                |                 |             |  |
| <u>с.</u>    | Full Name of Individual (Last, First, Middle Initial Williams, Brian, J, Mr.,                                     | l) or Full C   | rga           | nization Name  |                | Date        | e of       | Re            | ceipt             |               |                      |                |                 |             |  |
|              | Mailing Address 9670 Rod Road   |  |               |  |                |             |            | /             |                   |               | / Y                  |                |                 | Y           |  |
|              | City  |  |               |  |                | Tr          | ans        | act           | ion ID            | ):/           | 42023-1              | 1924           | 739             |             |  |
|              | Alpharetta  | GA   |               | 30022  |                | Amo         | ount       | of            | Each              | Re            | ceipt th             | nis P          | 'eriod          |             |  |
|              | FEC ID number of contributing federal political committee.  | С  |               |  |                |             |            |               | y                 |               | , <u>,</u>           | -              | 192.:           | 31          |  |
|              | Name of Employer (for Individual)<br>Select Medical Corporation   |  | •             | ( , , , , , , , , , , , , , , , , , , ,                    |                | Ц           | Me         | emo           | ) Item            | 1             |                      |                |                 |             |  |
|              | Receipt For:<br>Primary General<br>Other (specify)  | Aggregate  | Yea           | 3461.58  |                |             |            |               |                   |               |                      |                |                 |             |  |
| s            | UBTOTAL of Receipts This Page (optional)  |  |               | •••••  |                |             |            |               | 9                 |               | ,                    |                | 576.9           | 93          |  |
| т            | OTAL This Period (last page this line number on   | ly)  |               |  | -              |             |            |               |                   |               | - <u>-</u> -         |                |                 |             |  |

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FOR LINE NUMBER:

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| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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PAGE 286 OF

|                      | EMIZED RECEIPTS  |             |        | or each category of the<br>Detailed Summary Page |        | -               |      | 11b    | F      | 11c                  |      | 12     |      |    |
|----------------------|--|-------------|--------|--|--------|-----------------|------|--------|--------|----------------------|------|--------|------|----|
|                      | y information copied from such Reports and State<br>for commercial purposes, other than using the na               |             |        |  |        |                 |      |        |        |                      |      |        | ions | 17 |
| $\overline{\langle}$ | NAME OF COMMITTEE (In Full)  |             |        |  |        |                 |      |        |        |                      |      |        |      |    |
| $\rangle$            | Select Medical Corporation PAC   |             |        |  |        |                 |      |        |        |                      |      |        |      |    |
| Α.                   | Full Name of Individual (Last, First, Middle Initial)<br>Williams, Brian, J, Mr.,<br>Mailing Address 9670 Rod Road | or Full Or  | gan    | ization Name                                     |        | Date o          |      | · ·    | t<br>D |                      | Y    | Y      | Y    |    |
|                      | City   | State       |        | Zip Code   | _      | 09              |      |        | 15     | A2023-2              | 20   | 023    |      |    |
|                      | Alpharetta   | GA          |        | 30022  |        |                 |      |        |        | eceipt th            |      |        |      |    |
|                      | FEC ID number of contributing federal political committee.   | С           |        |  |        |                 |      | -      |        |                      |      | 192.3  | 31   |    |
|                      | Name of Employer (for Individual)<br>Select Medical Corporation  |             | •      | on (for Individual)<br>/ice President            |        | M               | lemo | o Iten | n      |                      |      |        |      |    |
|                      | Receipt For:       µ         Primary       General         Other (specify) ▼                                       | Aggregate   | Yea    | r-to-Date ▼<br>3653.89                           |        |                 |      |        |        |                      |      |        |      |    |
| в.                   | Full Name of Individual (Last, First, Middle Initial)<br>Williams, Brian, J, Mr.,                                  |             | Date o | f Re   | eceipt | t               |      |        |        |                      |      |        |      |    |
|                      | Mailing Address 9670 Rod Road  |             |        |  |        | м м<br>09       | /    |        | 29     | / Y                  |      | )23    | Ŷ    |    |
|                      | City<br>Alpharetta   | State<br>GA |        | Zip Code<br>30022                                |        |                 |      |        |        | A2023-2<br>eceipt th |      |        |      |    |
|                      | FEC ID number of contributing federal political committee.   | С           |        |  |        |                 |      | -      |        | -                    | _    | 192.3  | 31   |    |
|                      | Name of Employer (for Individual)<br>Select Medical Corporation  |             | •      | ion (for Individual)<br>/ice President           |        | M               | lemo | b Iten | n      |                      |      |        |      |    |
|                      | Receipt For:       µ         Primary       General         Other (specify) ▼                                       | Aggregate   | Yea    | r-to-Date ▼<br>3846.20                           |        |                 |      |        |        |                      |      |        |      |    |
| с.                   | Full Name of Individual (Last, First, Middle Initial)<br>Williams, Brian, J, Mr.,                                  | or Full Or  | gan    | ization Name                                     |        | Date o          | f Re | eceipt |        |                      |      |        |      |    |
|                      | Mailing Address 9670 Rod Road  |             |        |  |        | <sup>M</sup> 10 | /    |        | 13     | / Y                  |      | 023    | Y    |    |
|                      | City<br>Alpharetta   | State<br>GA |        | Zip Code<br>30022                                |        |                 |      |        |        | A2023-2              |      |        |      |    |
|                      |  |             |        | 30022  | _      | Amoun           | t of | Each   | ו R    | eceipt th            | is F | 'eriod |      | _  |
|                      | FEC ID number of contributing federal political committee.   | С           | _      |  |        | Ľ.              |      |        | _      |                      | _    | 192.3  | 31   |    |
|                      | Name of Employer (for Individual)<br>Select Medical Corporation  |             | •      | on (for Individual)<br>ice President             |        | N               | lemo | o Iten | n      |                      |      |        |      |    |
|                      | Receipt For:     /       Primary     General       Other (specify)   | Aggregate   | Yea    | r-to-Date ▼<br>4038.51                           |        |                 |      |        |        |                      |      |        |      |    |
| s                    | UBTOTAL of Receipts This Page (optional)   |             |        | ••••••   |        |                 |      | ,      |        |                      |      | 576.9  | 3    | ]  |
| т                    | OTAL This Period (last page this line number only  | y)          |        |  | -      |                 |      | -      |        |                      |      |        |      | ]  |

| SCHEDULE A   | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS         |

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|  | JEIP 1 3                                   |                      | for each category of the<br>Detailed Summary Page             |  | X 11a 11b 11c 12                 |      |          |            |            | 16       17         ontributions       17         ontributions       17         2023       3829         Period       192.31         192.31       192.31         192.31       192.31         192.31       192.31         023       192.31         023       192.31         023       192.31 |  |  |  |  |  |
|--|--|----------------------|---|--|----------------------------------|------|----------|------------|------------|--|--|--|--|--|--|
|  |  |                      | ay not be sold or used by an<br>ddress of any political commi |  |                                  |      |          |            | g contribu | utions   |  |  |  |  |  |
|  |  |                      | adreed of any pointed comm                                    |  |                                  |      |          |            |            |  |  |  |  |  |  |
|  | cal Corporation F                          | PAC                  |   |  |                                  |      |          |            |            |  |  |  |  |  |  |
| A. Williams, Brian                       |  | e Initial) or Full O | rganization Name  |  | Date o                           | f Re | eceipt   |            |            |  |  |  |  |  |  |
| Mailing Address g                        | 9670 Rod Road                              |                      |   |  | 10 <sup>M</sup>                  | /    | D<br>27  | D / Y      | 2023       | Y  |  |  |  |  |  |
| City                                     |  | State<br>GA          | Zip Code<br>30022   |  |                                  |      |          | A2023-2    |            |  |  |  |  |  |  |
| Alpharetta                               |  | OA .                 | 50022   |  | Amoun                            | t of | Each F   | Receipt tl | his Period | 1  |  |  |  |  |  |
| FEC ID number o<br>federal political co  | Ũ  | С                    |   |  |                                  |      | -        |            | 192.       | .31  |  |  |  |  |  |
| Name of Employe<br>Select Medical Co     | · · · ·                                    |                      | upation (for Individual)<br>ior Vice President                |  | Μ                                | lemc | ltem     |            |            |  |  |  |  |  |  |
| Receipt For:                             |  | Aggregate            | Year-to-Date <b>V</b>   |  |                                  |      |          |            |            |  |  |  |  |  |  |
| Other (speci                             | General<br>ify) ▼                          |                      | 4230.82   |  |                                  |      |          |            |            |  |  |  |  |  |  |
| Full Name of Indiv<br>B. Williams, Brian | vidual (Last, First, Middle<br>n, J, Mr.,  | e Initial) or Full O | rganization Name  |  | Date o                           | f Re | eceipt   |            |            |  |  |  |  |  |  |
| Mailing Address g                        | 670 Rod Road                               |                      |   |  | 11 / D D / Y Y Y Y<br>11 10 2023 |      |          |            |            |  |  |  |  |  |  |
| City                                     |  | State                | Zip Code  |  | Trans                            | acti | on ID :  | A2023-2    | 2465149    |  |  |  |  |  |  |
| Alpharetta                               |  | GA                   | 30022   |  | Amoun                            | t of | Each F   | Receipt tl | nis Period | ł  |  |  |  |  |  |
| FEC ID number o<br>federal political co  | Ũ  | С                    |   |  | 192.31                           |      |          |            |            |  |  |  |  |  |  |
| Name of Employe<br>Select Medical Co     | , ,  |                      | upation (for Individual)<br>ior Vice President                |  | Memo Item                        |      |          |            |            |  |  |  |  |  |  |
| Receipt For:<br>Primary<br>Other (speci  | General<br>ify) ▼                          | Aggregate            | Year-to-Date ▼<br>4423.13                                     |  |                                  |      |          |            |            |  |  |  |  |  |  |
| Full Name of Indiv<br>C. Williams, Bria  | vidual (Last, First, Middle<br>In, J, Mr., | e Initial) or Full O | rganization Name  | Date of Receipt Transaction ID : A2023-2465149 Amount of Each Receipt this Period Amount of Each Receipt Memo Item Date of Receipt Date of Receipt T1 24 2023 Transaction ID : A2023-2587556 Amount of Each Receipt this Period 192 I) Memo Item |                                  |      |          |            |            |  |  |  |  |  |  |
| Mailing Address                          | )670 Rod Road                              |                      |   |  |                                  | /    |          |            |            | Y  |  |  |  |  |  |
| City                                     |  | State                | Zip Code  |  | Trans                            | sact | ion ID : | : A2023-2  | 2587556    |  |  |  |  |  |  |
| Alpharetta                               |  | GA                   | 30022   |  | Amoun                            | t of | Each F   | Receipt tl | nis Period | 1  |  |  |  |  |  |
| FEC ID number o<br>federal political co  | Ũ  | C                    |   |  | <u> </u>                         |      | ,        | ,          | 192.       | .31  |  |  |  |  |  |
| Name of Employe                          | r (for Individual)                         | Occi                 | upation (for Individual)                                      |  | Μ                                | lemo | ttem     |            |            |  |  |  |  |  |  |
| Select Medical Co                        | rporation                                  | Seni                 | ior Vice President  |  |                                  |      |          |            |            |  |  |  |  |  |  |
| Receipt For:                             |  | Aggregate            | Year-to-Date ▼  |  |                                  |      |          |            |            |  |  |  |  |  |  |
| Other (speci                             | ify) General                               |                      | 4615.44   |  |                                  |      |          |            |            |  |  |  |  |  |  |
| SUBTOTAL of Rece                         | eipts This Page (optional                  | )                    |   |  |                                  |      | , .      | 9          | 576.       | .93  |  |  |  |  |  |
| TOTAL This Period                        | (last page this line num                   | ber only)            |   |  |                                  |      |          |            |            |  |  |  |  |  |  |

| SCHEDULE A   | (FEC Form 3X) |  |
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| ITEMIZED REC | EIPTS         |  |

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

|              | EIVIZED RECEIPIS   |   |               |  |                | (11a                |               | 11b           | 11c                     |                 | 12      |             |
|--------------|--|---|---------------|--|----------------|---------------------|---------------|---------------|-------------------------|-----------------|---------|-------------|
|              |  | Detailed Summary Page       11a       11b       11c       12         opied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribing purposes, other than using the name and address of any political committee to solicit contributions from such commit MMITTEE (in Full)         ddictal Corporation PAC         and MUKulat (Last, First, Middle Initial) or Full Organization Name in J. Mr.       Date of Receipt         * 9670 Rod Road       2022         r of contributing i committee.       C         oper for Individual)       Cocupation (for Individual)         State       Zip Code Gad         accity) ▼       4007.75         andividual (Last, First, Middle Initial) or Full Organization Name in J. Mr.       Date of Receipt         accity) ▼       4007.75         accity) ▼       Aggregate Year-to-Date ▼         accity) ▼       4007.75         accity Toldividual)       C | -             | 17   |                |                     |               |               |                         |                 |         |             |
| An<br>or     | y information copied from such Reports and Stat<br>for commercial purposes, other than using the n | tements ma<br>ame and a   | ay n<br>Iddr  | ot be sold or used by any pe<br>ess of any political committee | erson<br>to so | for the<br>licit co | pur<br>ontrit | pose coutions | of solicitii<br>from su | ng co<br>Ich co | ntribut | ions<br>ee. |
| $\backslash$ | NAME OF COMMITTEE (In Full)  |   |               |  |                |                     |               |               |                         |                 |         |             |
| $\Big/$      | Select Medical Corporation PAC   |   |               |  |                |                     |               |               |                         |                 |         |             |
| A.           | Williams, Brian, J, Mr.,   | l) or Full O  | )rga          | nization Name  |                | Date c              | of Re         | eceipt        |                         |                 |         |             |
|              | Mailing Address 9670 Rod Road  |   |               |  |                |                     | 1 /           |               |                         |                 |         | Y           |
|              | City<br>Alpharetta   |   |               |  |                |                     |               |               |                         |                 |         |             |
|              | FEC ID number of contributing federal political committee.   |   |               |  |                | Amour               | nt of         | Each          | Receipt                 | this F          |         | 31          |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                    |   | •             |  |                | N                   | lemo          | o Item        |                         |                 |         |             |
|              |  | Aggregate   | Yea           |  |                |                     |               |               |                         |                 |         |             |
| в.           | Full Name of Individual (Last, First, Middle Initial Williams, Brian, J, Mr.,                      | rga   | nization Name |  | Date c         | of Re               | eceipt        |               |                         |                 |         |             |
|              | Mailing Address 9670 Rod Road  |   |               | _  |                |                     | /             |               |                         |                 |         | Y           |
|              | City<br>Alpharetta   |   |               |  |                |                     |               |               |                         |                 |         |             |
|              | FEC ID number of contributing federal political committee.   | С   |               |  |                |                     |               |               |                         |                 | 192.2   | 25          |
|              | Name of Employer (for Individual)<br>Select Medical Corporation                                    |   | •             | · · · · · · · · · · · · · · · · · · ·                          |                | N                   | lemo          | o Item        |                         |                 |         |             |
|              |  | Aggregate   | Yea           |  |                |                     |               |               |                         |                 |         |             |
| <u>с.</u>    | Full Name of Individual (Last, First, Middle Initial   | Detailed Summary Page       111       115       112       115       115       117         and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.       PAC         PAC         die Initial) or Full Organization Name       Date of Receipt         12       08       / 2023         State       Zip Code       // 2023         GA       30022       Amount of Each Receipt this Period         0       0       122       2023         12       08       / 2023       112         12       08       / 2023       112         0       0       2023       112       112         12       08       / 2023       112       112         12       08       / 2023       112  |               |  |                |                     |               |               |                         |                 |         |             |
|              | Mailing Address  |   |               |  |                | M N                 | /             | D             | D /                     | Y Y             | Y       | Y           |
|              | City   | State   |               | Zip Code   |                | Amour               | nt of         | Each          | Receipt                 | this F          | Period  | _           |
|              | FEC ID number of contributing federal political committee.   | С   |               |  |                | _                   |               | ,             | . ,                     | _               |         |             |
|              | Name of Employer (for Individual)  | Occi  | upa           | tion (for Individual)  |                | N                   | lem)          | o Item        |                         |                 |         |             |
|              |  | Aggregate   | Yea           |  |                |                     |               |               |                         |                 |         |             |
| s            | UBTOTAL of Receipts This Page (optional)   |   |               |  |                |                     |               |               |                         |                 | 384.5   | 6           |
| т            | OTAL This Period (last page this line number on  | ly)   |               |  |                |                     |               | -<br>         | ,                       | 18              | 6958.9  | 94          |

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| SCHEDULE B (FEC Form 3X)  |                      |  | FOR LINE                  | NUMBER: PAGE 289 OF 302  |  |  |  |  |  |  |
|---|----------------------|--|---------------------------|--|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS  | for each<br>Detailed | arate schedule(s)<br>category of the<br>Summary Page | (check only<br>21b<br>28a | 22         X         23         26         27           28b         28c         29         30b |  |  |  |  |  |  |
| Any information copied from such Reports and State<br>or for commercial purposes, other than using the na |                      |  |                           |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |                      |  |                           |  |  |  |  |  |  |  |
| Select Medical Corporation PAC  |                      |  |                           |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |                      |  |                           | Date of Disbursement   |  |  |  |  |  |  |
| A. Cut the Bull PAC   |                      |  |                           |  |  |  |  |  |  |  |
| Mailing Address 228 S. Washington St. Suite 115   |                      | 07 / 18 / Y Y Y Y<br>2023                            |                           |  |  |  |  |  |  |  |
| City<br>Alexandria  | State<br>VA          | Zip Code<br>22314                                    |                           | FEC Identification Number  |  |  |  |  |  |  |
| Purpose of Disbursement   | VA                   | 22314  |                           | C C00601626  |  |  |  |  |  |  |
| Contribution  |                      |  | 011                       | C C00691626  |  |  |  |  |  |  |
| Candidate Name  |                      |  | Category/                 | Transaction ID : B851158<br>Amount of Each Disbursement this Period                            |  |  |  |  |  |  |
|   |                      |  | Type                      |  |  |  |  |  |  |  |
| Office Sought: House Disburse   | ment For: 2          | 2023   |                           | 5000.00  |  |  |  |  |  |  |
| Senate  | Primary              | General  |                           | 7 7 7 1 7  |  |  |  |  |  |  |
| President   | Other (spe           |  |                           | Memo Item  |  |  |  |  |  |  |
| State: District:  |                      | Not Applicable                                       |                           | <u> </u>   |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Judy Chu for Congress                                |                      | Date of Disbursement                                 |                           |  |  |  |  |  |  |  |
| Mailing Address 16633 Ventura Blvd # 1008   |                      |  |                           | 07 18 2023   |  |  |  |  |  |  |
|   |                      |  |                           |  |  |  |  |  |  |  |
| City  | State<br>CA          | Zip Code   |                           | FEC Identification Number  |  |  |  |  |  |  |
| Encino Purpose of Disbursement  | UA .                 | 91436  |                           | <b>C</b> C00458125   |  |  |  |  |  |  |
| Contribution  |                      |  | 011                       | C C00458125  |  |  |  |  |  |  |
| Candidate Name  |                      |  | Category/                 | Transaction ID : B852492<br>Amount of Each Disbursement this Perioc                            |  |  |  |  |  |  |
| Chu, Judy, , ,  |                      |  | Type                      | Amount of Each Dispursement this Penoc   |  |  |  |  |  |  |
| Office Sought: X House Disburse   | ment For:            | 2024   |                           | 5000.00  |  |  |  |  |  |  |
| Senate  | Primary              | X General  |                           |  |  |  |  |  |  |  |
| State: CA District: 28  | Other (spee          | cify)  |                           | Memo Item  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |                      |  |                           |  |  |  |  |  |  |  |
| C. Judy Chu for Congress  |                      |  |                           | Date of Disbursement   |  |  |  |  |  |  |
| Mailing Address 16633 Ventura Blvd # 1008   |                      |  |                           | 07 18 2023   |  |  |  |  |  |  |
| City  | State                | Zip Code   |                           | FEC Identification Number  |  |  |  |  |  |  |
| Encino Purpose of Disbursement  | CA                   | 91436  |                           | 0 000459425  |  |  |  |  |  |  |
| Contribution  |                      |  | 011                       | C C00458125  |  |  |  |  |  |  |
| Candidate Name  |                      |  |                           | Transaction ID : B851062<br>Amount of Each Disbursement this Period                            |  |  |  |  |  |  |
| Chu, Judy, , ,  |                      | Category/<br>Type                                    |                           |  |  |  |  |  |  |  |
| Office Sought: X House Disburse   |                      |  |                           |  |  |  |  |  |  |  |
| Senate  | Primary              | General  |                           |  |  |  |  |  |  |  |
| President   | Other (spe           | cify) 🔻  |                           | Memo Item  |  |  |  |  |  |  |
| State: CA District: 28  |                      |  |                           |  |  |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional).   |                      |  | ······ ►                  | 15000.00   |  |  |  |  |  |  |
| TOTAL This Period (last page this line number only  | /)                   |  | ····· ►                   | , ,  |  |  |  |  |  |  |

| SCHEDULE B (FEC Form 3X)  |  |                                   | FOR LINE                                | NUMBER PAGE 290 OF 302  |  |  |  |  |  |  |
|---|--|-----------------------------------|---|---|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS  |  | arate schedule(s) category of the | (check only                             | only one)   |  |  |  |  |  |  |
| ·   |  | Summary Page                      | 21b                                     | 22 X 23 26 27   |  |  |  |  |  |  |
|   | 1  | -                                 | 28a                                     | 28b 28c 29 30b  |  |  |  |  |  |  |
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| NAME OF COMMITTEE (In Full)   |  |                                   |   |   |  |  |  |  |  |  |
| Select Medical Corporation PAC  |  |                                   |   |   |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |  |                                   |   | Date of Diskursers at   |  |  |  |  |  |  |
| A. Help Elect Republicans Now (HERN)  | Date of Disbursement                       |                                   |   |   |  |  |  |  |  |  |
| Mailing Address 555 Metro Place S Ste. 525  | 08 / D D / Y Y Y Y<br>2023                 |                                   |   |   |  |  |  |  |  |  |
| City<br>Dublin  | State<br>OH                                | Zip Code<br>43017                 |   | FEC Identification Number   |  |  |  |  |  |  |
| Purpose of Disbursement   |  |                                   | _                                       | C C00692715   |  |  |  |  |  |  |
| Contribution  |  |                                   | 011                                     | Transaction ID : B852505  |  |  |  |  |  |  |
| Candidate Name  |  |                                   | Category/<br>Type                       | Amount of Each Disbursement this Period                             |  |  |  |  |  |  |
| Office Sought: House Disburse   | ment For: 2                                | 2023                              | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 5000.00   |  |  |  |  |  |  |
| Senate  | Primary                                    | General                           |   |   |  |  |  |  |  |  |
| State: District:  | Other (spe                                 | cify) ▼<br>Not Applicable         |   | Memo Item   |  |  |  |  |  |  |
|   |  |                                   |   |   |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |  |                                   |   | Date of Disbursement  |  |  |  |  |  |  |
| Hern For Congress   | Hern For Congress                          |                                   |   |   |  |  |  |  |  |  |
| Mailing Address 9521-B Riverside Pkwy #350  |  |                                   |   | 08 / D D / Y Y Y Y<br>08 11 2023                                    |  |  |  |  |  |  |
| City  | State<br>OK                                | Zip Code<br>74137                 |   | FEC Identification Number   |  |  |  |  |  |  |
| Tulsa<br>Purpose of Disbursement  |  |                                   |   |   |  |  |  |  |  |  |
| Contribution  |  |                                   | 011                                     | C C00636092   |  |  |  |  |  |  |
| Candidate Name  |  |                                   | Category/                               | Transaction ID : B852506<br>Amount of Each Disbursement this Period |  |  |  |  |  |  |
| Hern, Kevin, R, ,   |  |                                   | Type                                    |   |  |  |  |  |  |  |
|   | 1  | 2024                              |   | 5000.00   |  |  |  |  |  |  |
| Senate  | Primary                                    | General                           |   |   |  |  |  |  |  |  |
| State: OK District: 01  | Other (spec                                | сіту)                             |   | Memo Item   |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |  |                                   |   |   |  |  |  |  |  |  |
| C. Pascrell for Congress  |  |                                   |   | Date of Disbursement  |  |  |  |  |  |  |
| Mailing Address PO Box 100  |  |                                   |   | 08 / D D / Y Y Y Y<br>2023  |  |  |  |  |  |  |
| City  | State                                      | Zip Code                          |   | FEC Identification Number   |  |  |  |  |  |  |
| Teaneck<br>Purpose of Disbursement  | NJ   | 07666                             |   |   |  |  |  |  |  |  |
| Contribution  |  |                                   | 011                                     | C C00313510<br>Transaction ID : B852507                             |  |  |  |  |  |  |
| Candidate Name  | tidate Name                                |                                   |   |   |  |  |  |  |  |  |
| Pascrell, William, J, , Jr.   | crell, William, J, , Jr. Category/<br>Type |                                   |   |   |  |  |  |  |  |  |
| Office Sought: X House Disburse   |  |                                   |   |   |  |  |  |  |  |  |
| Senate  | Primary                                    | General                           |   |   |  |  |  |  |  |  |
| State: NJ District: 09  | Other (spe                                 | сіту) 🔻                           |   | Memo Item   |  |  |  |  |  |  |
| State: NJ District: 09  |  |                                   |   |   |  |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional).   |  |                                   |   | 15000.00  |  |  |  |  |  |  |
|   |  |                                   |   |   |  |  |  |  |  |  |
| TOTAL This Period (last page this line number only  | /)   |                                   | ••••••                                  | , ,   |  |  |  |  |  |  |

|             | CHEDULE B (FEC Form 3X)   |   | vroto ochodula/a)                                 |                 |              |                | UMBER:                   |                 |                 |        | PAG    | E 2   | 91 OF     | 302  |  |
|-------------|---|---|---|-----------------|--------------|----------------|--------------------------|-----------------|-----------------|--------|--------|-------|-----------|--|--|
| IT          | EMIZED DISBURSEMENTS  |   | Use separate schedule(s) for each category of the |                 |              | -              | ly one)                  |                 |                 |        |        |       |           |  |  |
|             |   |   | etailed Summary Page                              |                 |              | 21b            | 22                       | · ·             | 23              |        | 6      |       | 27<br>20h |  |  |
| <b>.</b>    |   |   |   |                 |              | 28a            | 28b                      |                 | 28c             |        |        |       | 30b       |  |  |
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| $  \rangle$ | NAME OF COMMITTEE (In Full)   |   |   |                 |              |                |                          |                 |                 |        |        |       |           |  |  |
|             | Select Medical Corporation PAC  |   |   |                 |              |                |                          |                 |                 |        |        |       |           |  |  |
|             | Full Name (Last, First, Middle Initial)   |   |   |                 |              |                |                          |                 |                 |        |        |       |           |  |  |
| Α.          | Silk PAC  |   |   |                 |              |                | Date of                  | Dist            | ourse           | ment   |        |       |           |  |  |
|             | Mailing Address PO Box 286  |   | 08 / 11 / 2023                                    |                 |              |                |                          |                 |                 |        |        |       |           |  |  |
|             | City Caldwell   | State<br>NJ                                 | Zip Code<br>07006                                 |                 |              |                | FEC Ide                  | entific         | cation          | Num    | ber    |       |           |  |  |
|             | Purpose of Disbursement   |   | 07000   |                 |              |                | С                        | C00/            | 43276           | 5      |        |       |           |  |  |
|             | Contribution  |   |   | 0               | )11          |                | -                        | _               |                 |        |        |       |           |  |  |
|             | Candidate Name  |   |   | Cat             | ogon         |                | Tra<br>Amount            |                 | ction<br>Fach   |        |        |       | his Pa    | riod   |  |
|             |   |   |   |                 | egory<br>ype | y/             | Anount                   |                 |                 | 51300  | John   |       |           | nou  |  |
|             | Office Sought: House Disburse   | ment For: 2                                 | 2023  |                 |              |                |                          |                 |                 |        |        | 50    | 00.00     | . E  |  |
|             | Senate  | Primary                                     | General   |                 |              |                |                          |                 |                 |        | /      |       |           |  |  |
|             | President   | Other (spec                                 | Other (specify) ▼                                 |                 |              |                |                          | mo li           | tem             |        |        |       |           |  |  |
|             | State: District:  |   | Not Applicable                                    |                 |              |                | <u> </u>                 |                 |                 |        |        |       |           |  |  |
| D           | Full Name (Last, First, Middle Initial)   |   |   |                 |              |                | Data of                  | Diek            |                 |        |        |       |           |  |  |
| В.          | Smucker Victory Committee   |   |   |                 | Date of      | Dist           |                          |                 |                 |        |        | _     |           |  |  |
|             | Mailing Address 824 S Milledge Ave Ste 101  | 824 S Milledge Ave Ste 101                  |   |                 |              |                |                          |                 | 08 22 2023      |        |        |       |           |  |  |
|             | Maining Address 624 S Milledge Ave Ste 101  |   |   |                 |              |                |                          |                 | 24              |        |        | 202   | -0        |  |  |
|             | City  |   |   | EEC Id          | ontifi       | oation         | Nur                      | bor             |                 |        |        |       |           |  |  |
|             | Athens  |   | FEC Identification Number                         |                 |              |                |                          |                 |                 |        |        |       |           |  |  |
|             | Purpose of Disbursement   |   | C   | C005            | 59946        | 4              | _                        | _               |                 |        |        |       |           |  |  |
|             | Contribution  |   |   | C               | )11          |                | Transaction ID : B853049 |                 |                 |        |        |       |           |  |  |
|             | Candidate Name  |   |   |                 | egory        | y/             | Amount                   | of E            | Each            | Disbu  | rsem   | ent t | his Pe    | riod   |  |
|             | Smucker, Lloyd, K, ,  |   |   | T               | ype          |                | 5000.00                  |                 |                 |        |        |       |           |  |  |
|             | Office Sought: House Disburse Senate  | ment For: 2<br>Primary                      | -   |                 |              |                |                          |                 |                 | _      | ,      | 50    | 00.00     | - H.   |  |
|             | President   | Other (spec                                 | General   |                 |              |                |                          |                 |                 |        |        |       |           |  |  |
|             | State: PA District: 11  | e li le |   |                 |              |                | Me                       | mo li           | tem             |        |        |       |           |  |  |
| _           | Full Name (Last, First, Middle Initial)   |   |   |                 |              |                |                          |                 |                 |        |        |       |           |  |  |
| C.          | Jason Smith for Congress  |   |   |                 |              |                | Date of                  | Dist            | burse           | ment   |        |       |           |  |  |
|             |   |   |   |                 |              |                | MM                       | 1               | D               |        | Y      |       | Y Y       | 1  |  |
|             | Mailing Address PO Box 1324   |   |   |                 |              |                | 08                       |                 | 31              |        |        | 202   | 23        |  |  |
|             | City  | State                                       | Zip Code  |                 |              |                |                          | 20414           | 00+1            | NI     | ber    |       |           |  |  |
|             | Cape Girardeau  | MO  | 63702   |                 |              |                | FEC Ide                  | entific         | cation          | INUM   | iver   | _     |           |  |  |
|             | Purpose of Disbursement   |   |   |                 | -            |                | С                        | C005            | 54186           | 62     |        | _     |           |  |  |
|             | Contribution  |   |   | 0               | )11          |                | Tra                      | nsad            | ction           | ID : E | 8141   | 23    |           |  |  |
|             | Candidate Name  |   |   | y/              | Amount       | of E           | Each                     | Disbu           | rsem            | ent t  | his Pe | riod  |           |  |  |
|             | Smith, Jason, , , Type  |   |   |                 |              |                |                          |                 |                 |        |        | - 50  | 00.00     |  |  |
|             | Office Sought: X House Disbursement For: 2022<br>Senate Primary X General                             |   |   |                 |              |                |                          |                 |                 |        | ,      |       |           | <u>.                                    </u> |  |
|             | President   | Other (spec                                 |   |                 |              |                | <b>—</b>                 |                 |                 |        |        |       | l chec    | k dated                                      |  |
|             | State: MO District: 08  | 0 (opor                                     | <i>J</i> / ▼                                      |                 |              |                | Me                       | mo li           | tem             | 03/24  | /2022  | 2     |           |  |  |
|             |   |   |   |                 |              |                | <b>_</b>                 |                 |                 |        |        | 50    | 00.00     |  |  |
| Ļ           | UBTOTAL of Disbursements This Page (optional)   |   |   |                 |              |                | +                        |                 | ,               | +      | 7      |       |           | 4  |  |
| т           | OTAL This Period (last page this line number only   | )   |   |                 |              |                |                          | . ,             | ,               |        | 7      | _     |           |  |  |

| S                      | CHEDULE B (FEC Form 3X)   |                      |                            | F         | OR I        |           | NUMBER:  |            | F       | AGE   | 292 O     | F 302    |
|------------------------|---|----------------------|----------------------------|-----------|-------------|-----------|--|------------|---------|-------|-----------|----------|
| IT                     | EMIZED DISBURSEMENTS  | Use sepa<br>for each |                            | heck      | c only      | one)      |  |            |         |       |           |          |
|                        |   |                      | Summary Page               |           |             | 21b       | 22 🗙   | <u> </u>   | 26      |       | 27        |          |
| <u> </u>               |   | <u> </u>             |                            |           |             | 28a       | 28b  | 28c        | 29      |       | 30b       |          |
|                        | ny information copied from such Reports and State<br>for commercial purposes, other than using the name |                      |                            |           |             |           |  |            |         |       |           |          |
| $\left  \right\rangle$ | NAME OF COMMITTEE (In Full)   |                      |                            |           |             |           |  |            |         |       |           |          |
|                        | Select Medical Corporation PAC  |                      |                            |           |             |           |  |            |         |       |           |          |
|                        | Full Name (Last, First, Middle Initial)   |                      |                            |           |             |           |  |            |         |       |           |          |
| Α.                     | Mr. Southern Missourian In the Hous   | se PAC               |                            |           |             |           | Date of D  |            |         |       |           | _        |
|                        | Mailing Address PO Box 30844  |                      | 08 / D D / Y Y Y Y<br>2023 |           |             |           |  |            |         |       |           |          |
|                        | City  | State                | Zip Code                   |           |             |           | FEC Ident  | ificatio   | n Numb  | er    |           |          |
|                        | Bethesda  | MD                   | 20824                      |           |             |           |  |            |         |       |           |          |
|                        | Purpose of Disbursement   |                      |                            |           | 011         | 11        | <b>C</b> C0  | 056372     | 26      |       |           |          |
|                        | Contribution<br>Candidate Name  |                      |                            | <u></u>   |             |           |  |            | ID : B8 |       |           |          |
|                        |   |                      |                            |           | egor<br>ype | y/        | Amount of  | Each       | Disburs | emer  | nt this P | eriod    |
|                        |   | ment For: 2          |                            |           |             |           | L  |            |         |       | 5000.00   | )        |
|                        | Senate<br>President   | Primary              | General                    |           |             |           | _  |            | Voided. | Oriai | nal cher  | k dated  |
|                        | State: District:  | Other (spec          | Not Applicable             | 9         |             |           | Memo   | Item       | 03/24/2 | )22   |           | in dated |
|                        | Full Name (Last, First, Middle Initial)   |                      |                            |           |             |           |  |            |         |       |           |          |
| В.                     |   |                      |                            |           |             |           | Date of Di   |            | ement   | V     | YY        |          |
|                        | Mailing Address PO Box 60487  | 3S PO Box 60487      |                            |           |             |           |  | 08 31 2023 |         |       |           |          |
|                        | City  |                      |                            | FEC Ident | ficatio     | n Numb    | er   |            |         |       |           |          |
|                        | Staten Island Purpose of Disbursement   |                      |                            | 00047     | 70          |           | 1  |            |         |       |           |          |
|                        | Contribution  |                      |                            | (         | 011         |           | C C00694778<br>Transaction ID : B826160<br>Amount of Each Disbursement this Period |            |         |       |           |          |
|                        | Candidate Name  |                      |                            | Cat       | egor        | v/        |  |            |         |       |           |          |
|                        | Malliotakis, Nicole, , ,  |                      |                            |           | ype         | <i>y,</i> |  |            |         |       |           |          |
|                        |   | 1                    | 2022                       |           |             |           | L  | -          |         |       | 1000.00   | )        |
|                        | Senate  | Primary              | General                    |           |             |           | _  |            |         |       | inal cheo | k dated  |
|                        | State: NY District: 11  | Other (spec          | city)                      |           |             |           | Memo   | Item       | 08/17/2 | 022   |           |          |
|                        | Full Name (Last, First, Middle Initial)   |                      |                            |           |             |           |  |            |         |       |           |          |
| C.                     | NRCC  |                      |                            |           |             |           | Date of D  | sburse     | ment    |       |           |          |
|                        | Mailing Address 320 1st St. SE  |                      |                            |           |             |           | M M /  | D<br>3     | D /     |       | 2023      | Y        |
|                        | City  | State                | Zip Code                   |           |             |           | FEC Ident  | fication   | n Numb  | or    |           |          |
|                        | Washington  | DC                   | 20003                      |           |             |           |  | noatio     |         |       | -         |          |
|                        | Purpose of Disbursement   |                      |                            |           | 144         |           | C CO   | 00758      | 20      |       |           |          |
|                        | Contribution 011 Candidate Name   |                      |                            |           |             |           |  |            | ID : B8 |       |           |          |
|                        |   | y/                   | Amount of                  | Each      | Disburs     | emer      | nt this P  | eriod      |         |       |           |          |
|                        | Office Sought: House Disburse   | ment For: 2          | 2022                       |           | уре         |           |  |            |         | -     | 5000.00   | )        |
|                        | Senate  | Primary              | General                    |           |             |           |  | -7         | Voidad  | Oria  | inal aba  | ck dated |
|                        | President   | Other (spec          |                            |           |             |           | Memo   |            | 04/08/2 |       | mai che   | sk ualeu |
| _                      | State: District:  |                      | Not Applicable             | )         |             |           |  |            |         |       |           |          |
| 5                      | SUBTOTAL of Disbursements This Page (optional).   |                      |                            |           |             | •         |  |            | -,      | -     | 11000.0   | 0        |
|                        |   |                      |                            |           |             |           |  |            |         | -     |           |          |
| $ ^1$                  | TOTAL This Period (last page this line number only  | ")                   |                            |           |             |           | - <u></u>  | 9          |         |       |           | _        |

| SCHEDULE B (FEC For  | m 3X)           | 11          |  | FOR LINE I                              | NUMBER: PAGE 293 OF 302   |  |  |  |  |  |
|--|-----------------|-------------|--|---|---|--|--|--|--|--|
| ITEMIZED DISBURSEME  | NTS             | for each    | arate schedule(s)<br>category of the<br>Summary Page | (check only<br>21b                      | 22 X 23 26 27   |  |  |  |  |  |
|  |                 | Detailed    | ounnary rage   | 28a                                     | 28b 28c 29 30b  |  |  |  |  |  |
|  |                 |             |  |   | n for the purpose of soliciting contributions solicit contributions from such committee.  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  |                 |             |  |   |   |  |  |  |  |  |
| Select Medical Corpora   | tion PAC        |             |  |   |   |  |  |  |  |  |
| Full Name (Last, First, Middle Initia  | al)             |             |  |   | Data of Distances   |  |  |  |  |  |
| A. Tom Rice for Congress   |                 |             |  |   | Date of Disbursement  |  |  |  |  |  |
| Mailing Address PO Box 70098   |                 |             |  |   | M         M         /         D         D         /         Y |  |  |  |  |  |
| City   |                 | State       | Zip Code   |   | FEC Identification Number   |  |  |  |  |  |
| Myrtle Beach<br>Purpose of Disbursement  |                 | SC          | 29572  |   |   |  |  |  |  |  |
| Contribution   |                 |             |  | 011                                     | C C00506048   |  |  |  |  |  |
| Candidate Name   |                 |             |  |   | Transaction ID : B818221  |  |  |  |  |  |
| Rice, Tom, , ,   |                 |             |  | Category/<br>Type                       | Amount of Each Disbursement this Period   |  |  |  |  |  |
| Office Sought: Y House   | Disburser       | ment For: 2 | 2022   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | - 2500.00   |  |  |  |  |  |
| Senate   |                 | Primary     | General  |   |   |  |  |  |  |  |
| State: SC District: 07   |                 | Other (spe  | cify) 🔻  |   | Voided: Original check dated<br>Memo Item 05/11/2022  |  |  |  |  |  |
|  | -1)             |             |  |   |   |  |  |  |  |  |
| Full Name (Last, First, Middle Initia<br>B. Toppov for Congress  | al)             |             |  |   | Date of Disbursement  |  |  |  |  |  |
| Tenney for Congress  |                 |             |  |   |   |  |  |  |  |  |
| Mailing Address PO Box 244   |                 |             |  |   | 09 01 2023  |  |  |  |  |  |
| City   |                 | State       | Zip Code   |   | FEC Identification Number   |  |  |  |  |  |
| Clinton  |                 |             |  |   |   |  |  |  |  |  |
| Purpose of Disbursement  |                 | 011         | C C00632828  |   |   |  |  |  |  |  |
| Contribution<br>Candidate Name   |                 |             |  | Category/<br>Type                       | Transaction ID : B853662  |  |  |  |  |  |
| Tenney, Claudia, , ,   |                 |             |  |   | Amount of Each Disbursement this Period   |  |  |  |  |  |
| Office Sought: Y House   | Disburser       | ment For:   | 2024   | турс                                    | 5000.00   |  |  |  |  |  |
| Senate   |                 | Primary     | General  |   |   |  |  |  |  |  |
| President  |                 | Other (spec | cify)  |   | Memo Item   |  |  |  |  |  |
| State: NY District: 24   |                 |             |  |   |   |  |  |  |  |  |
| Full Name (Last, First, Middle Initia  | al)             |             |  |   |   |  |  |  |  |  |
| C. Tenney for Congress   |                 |             |  |   | Date of Disbursement  |  |  |  |  |  |
| Mailing Address PO Box 244   |                 |             |  |   | 09 / D D / Y Y Y Y<br>01 2023   |  |  |  |  |  |
| City   |                 | State       | Zip Code   |   | EEC Identification Number   |  |  |  |  |  |
| Clinton  |                 | NY          | 13323  |   | FEC Identification Number   |  |  |  |  |  |
| Purpose of Disbursement  |                 |             |  |   | C C00632828   |  |  |  |  |  |
| Contribution   |                 |             |  | 011                                     | Transaction ID : B853663  |  |  |  |  |  |
| Candidate Name<br>Tenney, Claudia, , ,   |                 |             |  | Category/                               | Amount of Each Disbursement this Period   |  |  |  |  |  |
| $\frac{1}{1} \frac{1}{1} \frac{1}$ | Dishurse        | ment For: 2 | Туре   | 2500.00                                 |   |  |  |  |  |  |
| Senate   |                 | Primary     | General  |   |   |  |  |  |  |  |
| President  |                 | Other (spe  |  |   | Memo Item   |  |  |  |  |  |
| State: NY District: 24   |                 |             |  |   |   |  |  |  |  |  |
| SUBTOTAL of Disbursements This F   | Page (ontional) |             |  |   | 5000.00   |  |  |  |  |  |
|  |                 |             |  | ▶                                       |   |  |  |  |  |  |
| TOTAL This Period (last page this li   | ne number only) | )           |  | ····· ►                                 | , ,   |  |  |  |  |  |

| S  | CHEDULE B (FEC Form 3X)                            |                        |   | FOR LINE        | NUMBER: PAGE 294 OF 302                        |  |  |  |  |  |
|----|--|------------------------|---|-----------------|--|--|--|--|--|--|
| IT | EMIZED DISBURSEMENTS                               |                        | arate schedule(s) category of the                                   | (check only     | / one)<br>22 🗙 23 🗌 26 🗌 27                    |  |  |  |  |  |
|    |  | Detailed               | Summary Page  | 210<br>28a      | 22 X 23 20 27<br>28b 28c 29 30b                |  |  |  |  |  |
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| or | for commercial purposes, other than using the nar  | me and addr            | ress of any politica  | al committee to | solicit contributions from such committee.     |  |  |  |  |  |
|    | NAME OF COMMITTEE (In Full)                        |                        |   |                 |  |  |  |  |  |  |
|    | Select Medical Corporation PAC                     |                        |   |                 |  |  |  |  |  |  |
| Α. | Full Name (Last, First, Middle Initial)            |                        |   |                 | Date of Disbursement                           |  |  |  |  |  |
|    | Ron Estes For Congress                             |                        |   |                 | M M / D D / Y Y Y Y                            |  |  |  |  |  |
|    | Mailing Address PO Box 782952                      |                        |   |                 | 09 12 2023                                     |  |  |  |  |  |
|    | City<br>Wichita                                    | State<br>KS            | Zip Code<br>67278   |                 | FEC Identification Number                      |  |  |  |  |  |
|    | Purpose of Disbursement                            |                        | 01210   |                 | C C00632067                                    |  |  |  |  |  |
|    | Contribution                                       |                        |   | 011             | Transaction ID : B854200                       |  |  |  |  |  |
|    | Candidate Name                                     |                        |   | Category/       | Amount of Each Disbursement this Period        |  |  |  |  |  |
|    | Estes, Ron, , ,<br>Office Sought: Y House Disburse | ment For: 2            | 2024  | Туре            | 5000.00  |  |  |  |  |  |
|    | Senate   | Primary                | General   |                 |  |  |  |  |  |  |
|    | State: KS District: 04                             | Other (spec            | cify) 🔻   |                 | Memo Item                                      |  |  |  |  |  |
|    | Full Name (Last, First, Middle Initial)            |                        |   |                 |  |  |  |  |  |  |
| Β. | Ron Estes For Congress                             |                        | Date of Disbursement  |                 |  |  |  |  |  |  |
|    |  |                        |   |                 |  |  |  |  |  |  |
|    | Mailing Address PO Box 782952                      |                        |   | 09 12 2023      |  |  |  |  |  |  |
|    | City<br>Wichita                                    |                        |   |                 |  |  |  |  |  |  |
|    | Purpose of Disbursement                            |                        | C C00632067   |                 |  |  |  |  |  |  |
|    | Contribution                                       |                        |   | 011             | Transaction ID : B854201                       |  |  |  |  |  |
|    | Candidate Name                                     |                        |   | Category/       | Amount of Each Disbursement this Period        |  |  |  |  |  |
|    | Estes, Ron, , ,<br>Office Sought: Y House Disburse | ment For: 2            | 2024  | Туре            | 5000.00  |  |  |  |  |  |
|    | Senate   | Primary                | General   |                 |  |  |  |  |  |  |
|    | President  | Other (spec            | cify)   |                 | Memo Item                                      |  |  |  |  |  |
|    | State: KS District: 04                             |                        |   |                 |  |  |  |  |  |  |
| C. | Full Name (Last, First, Middle Initial)            |                        |   |                 | Date of Disbursement                           |  |  |  |  |  |
|    | Fight Like Hell PAC                                |                        |   |                 |  |  |  |  |  |  |
|    | Mailing Address 1375 S Washington Ave. Ste 300     |                        |   |                 | 09 15 2023                                     |  |  |  |  |  |
|    | 5  | State                  | Zip Code  |                 | FEC Identification Number                      |  |  |  |  |  |
|    | Lansing Purpose of Disbursement                    | MI                     |   |                 | C C00842104                                    |  |  |  |  |  |
|    | Contribution                                       |                        |   | 011             | C C00842104                                    |  |  |  |  |  |
|    | Candidate Name                                     | Category/              | Transaction ID : B854647<br>Amount of Each Disbursement this Period |                 |  |  |  |  |  |  |
|    | Office Sought: House Disburse                      | mont For               |   | Туре            | 2000.00  |  |  |  |  |  |
|    | Office Sought: House Disburse Senate               | ment For: 2<br>Primary | 2023<br>General   |                 |  |  |  |  |  |  |
|    | President  | Other (spec            |   |                 | Memo Item                                      |  |  |  |  |  |
|    | State: District:                                   |                        | Not Applicable  |                 |  |  |  |  |  |  |
| ⊢  | UBTOTAL of Disbursements This Page (optional).     |                        |   |                 | 12000.00                                       |  |  |  |  |  |

| SCHEDULE B (FEC Form 3X)  | 11  |                         |    | FOR LIN  | NE NUMBER: PAGE 295 OF 3  |  |  |  |  |  |
|---|---|-------------------------|----|--|---|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page |                         | 21 | only one)         1b       22       X       23       26       27         Ba       28b       28c       29       30b |   |  |  |  |  |  |
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| NAME OF COMMITTEE (In Full)   |   |                         |    |  |   |  |  |  |  |  |
| Select Medical Corporation PAC  |   |                         |    |  |   |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>A. Adrian Smith for Congress                                   |   |                         |    |  | Date of Disbursement  |  |  |  |  |  |
| Mailing Address 1126 Avenue A Ste 6   | 09 / 21 / Y Y Y Y Y   |                         |    |  |   |  |  |  |  |  |
| City<br>Scottsbluff   | State<br>NE   | Zip Code<br>69361       |    |  | FEC Identification Number   |  |  |  |  |  |
| Purpose of Disbursement   |   |                         |    |  | C C00412890   |  |  |  |  |  |
| Contribution  |   |                         |    | 011  | Transaction ID : B855343  |  |  |  |  |  |
| Candidate Name  |   |                         |    | ategory/   | Amount of Each Disbursement this Period                             |  |  |  |  |  |
| Smith, Adrian, , ,  | mant Fam  | 0004                    |    | Туре   | 5000.00   |  |  |  |  |  |
| Senate President  |   |                         |    |  |   |  |  |  |  |  |
| State: NE District: 03  | 1   |                         |    |  | Memo Item   |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>B. Concerned Americans for Freedo                              | Date of Disbursement  |                         |    |  |   |  |  |  |  |  |
| Mailing Address 228 S Washington St Ste 115   | 09 21 2023  |                         |    |  |   |  |  |  |  |  |
|   |   |                         |    |  |   |  |  |  |  |  |
| City  | State<br>VA   | Zip Code                |    |  | FEC Identification Number   |  |  |  |  |  |
| Alexandria Purpose of Disbursement  | VA  | 22314                   |    |  | C C00481176   |  |  |  |  |  |
| Contribution  |   |                         |    |  |   |  |  |  |  |  |
| Candidate Name  |   |                         |    | togon/   | Transaction ID : B855342<br>Amount of Each Disbursement this Period |  |  |  |  |  |
|   |   |                         |    | ategory/<br>Type   | Anount of Lacit Disbursement this Fen                               |  |  |  |  |  |
| Senate  | Primary   | 2023 General            |    |  | 5000.00   |  |  |  |  |  |
| State: District:  | Other (spe  | cify)<br>Not Applicable | е  |  | Memo Item   |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |   |                         |    |  | Data of Distances and   |  |  |  |  |  |
| C. Lisa Blunt Rochester for Senate  |   |                         |    |  | Date of Disbursement  |  |  |  |  |  |
| Mailing Address PO Box 9767   |   |                         |    |  | 09 / 21 / Y Y Y Y<br>2023   |  |  |  |  |  |
| City<br>Wilmington  | State<br>DE   | Zip Code<br>19809       |    |  | FEC Identification Number   |  |  |  |  |  |
| Purpose of Disbursement   |   |                         |    | 044  | <b>C</b> C00843391  |  |  |  |  |  |
| Contribution<br>Candidate Name  | ontribution 011   |                         |    |  |   |  |  |  |  |  |
| Blunt Rochester, Lisa, , ,  |   |                         |    | ategory/<br>Type   | Amount of Each Disbursement this Period                             |  |  |  |  |  |
|   |   |                         |    |  |   |  |  |  |  |  |
| X Senate<br>President   | Primary<br>Other (spe   | General                 |    |  | Memo Item   |  |  |  |  |  |
| State: DE District:   |   |                         |    |  |   |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional).   |   |                         |    |  | 15000.00  |  |  |  |  |  |
| TOTAL This Period (last page this line number only  | /)  |                         |    | •  |   |  |  |  |  |  |

| SCHEDULE B (FEC Form 3X)  |   |              | FC   | DR L | NE N   | UMBER:  |        |           | P/                   | AGE                       | 296 OF               | 302 |  |  |  |  |
|---|---|--------------|------|------|--------|---|--------|-----------|----------------------|---------------------------|----------------------|-----|--|--|--|--|
| ITEMIZED DISBURSEMENTS  | Use separate schedule(s) for each category of the |              |      | heck | only o | one)  |        |           |                      |                           | 1                    |     |  |  |  |  |
|   |   | Summary Page |      |      | 21b    | 22  | X      | 23        | 26                   |                           | 27<br>20h            |     |  |  |  |  |
|   | <u> </u>  |              |      |      | 28a    | 28b   |        | 28c       | 29                   |                           | 30b                  |     |  |  |  |  |
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|   |   |              |      |      |        |   |        |           |                      |                           |                      |     |  |  |  |  |
| Select Medical Corporation PAC  |   |              |      |      |        |   |        |           |                      |                           |                      |     |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |   |              |      |      |        |   |        |           |                      |                           |                      |     |  |  |  |  |
| A. Lisa Blunt Rochester for Senate  | Lisa Blunt Rochester for Senate                   |              |      |      |        |   |        |           |                      |                           | Date of Disbursement |     |  |  |  |  |
| Mailing Address PO Box 9767   | Mailing Address PO Box 9767                       |              |      |      |        |   |        |           |                      | 09 / 21 / Y Y Y Y<br>2023 |                      |     |  |  |  |  |
| ,   | State<br>DE                                       |              |      |      |        |   |        | cation    | Numbe                | er                        |                      |     |  |  |  |  |
| Wilmington Purpose of Disbursement  | DE  | 19809        |      |      |        | $\mathbf{c}$  | 000    | 0 4 2 2 0 | 4                    |                           | -                    |     |  |  |  |  |
| Contribution  |   |              | 0    | 11   | 11.    | U   |        | 84339     | - 1                  |                           | _                    |     |  |  |  |  |
| Candidate Name  |   |              | Cate | aon  | ,      |   |        |           | ID : B85<br>Disburse |                           | this Peric           | bd  |  |  |  |  |
| Blunt Rochester, Lisa, , ,  |   |              |      | /pe  |        | , ano an  |        |           | Biobaiot             |                           |                      | 74  |  |  |  |  |
|   | ment For: 2                                       | -            |      |      |        |   |        | <u> </u>  |                      | Ę                         | 5000.00              |     |  |  |  |  |
| Senate<br>President   | Primary<br>Other (spec                            | General      |      |      |        |   |        |           |                      |                           |                      |     |  |  |  |  |
| State: DE District:   | Other (spec                                       | city) 🔻      |      |      |        | Me  | mo l   | tem       |                      |                           |                      |     |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |   |              |      |      |        |   |        |           |                      |                           |                      |     |  |  |  |  |
| <sup>B.</sup> Beth Van Duyne For Congress   |   |              |      |      |        | Date of Disbursement  |        |           |                      |                           |                      |     |  |  |  |  |
|   |   |              |      |      |        |   |        |           | D /                  |                           | Y Y                  |     |  |  |  |  |
| Mailing Address PO Box 630167   |   |              |      |      |        | 09 27 2023  |        |           |                      |                           |                      |     |  |  |  |  |
|   | State Zip Code<br>TX 75063                        |              |      |      |        |   | entifi | cation    | Numbe                | r                         |                      |     |  |  |  |  |
| Irving Purpose of Disbursement  |   | 75005        |      |      | _      | C C00714865   |        |           |                      |                           |                      |     |  |  |  |  |
| Contribution  |   |              | 0    | 11   |        | Transaction ID : B855795<br>Amount of Each Disbursement this Period |        |           |                      |                           |                      |     |  |  |  |  |
| Candidate Name  |   |              | Cate | aorv | /      |   |        |           |                      |                           | bd                   |     |  |  |  |  |
| Van Duyne, Elizabeth, , ,   |   |              |      | /pe  |        |   |        |           |                      |                           |                      |     |  |  |  |  |
| Ŭ 🖌   |   | 2024         |      |      |        |   |        |           |                      |                           | 5000.00              |     |  |  |  |  |
|   | Primary   | General      |      |      |        |   |        |           |                      |                           |                      |     |  |  |  |  |
| State: TX District: 24  | Other (spec                                       | ciry)        |      |      |        | Me  | mo I   | tem       |                      |                           |                      |     |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |   |              |      |      |        |   |        |           |                      |                           |                      |     |  |  |  |  |
| <sup>C.</sup> Beth Van Duyne For Congress   |   |              |      |      |        | Date of   | f Dis  |           | _                    |                           |                      |     |  |  |  |  |
| Mailing Address PO Box 630167   |   |              |      |      |        | м м<br>09   | /      | 27        |                      |                           | )23                  |     |  |  |  |  |
| City  | State   | Zip Code     |      |      | -+     | FEC 14  | entifi | cation    | Numbe                | r                         |                      |     |  |  |  |  |
| Irving  | ТХ  | 75063        |      |      |        |   | -      |           |                      |                           | -                    |     |  |  |  |  |
| Purpose of Disbursement   |   |              | 0    | 11   | 11     | С   | C00    | 71486     | 5                    |                           |                      |     |  |  |  |  |
|   |   |              |      |      |        |   |        |           | ID : B85             |                           |                      |     |  |  |  |  |
| Van Duyne, Elizabeth, , ,   |   |              |      |      |        |   |        | ach       | Disburse             | ement                     | this Peric           | DC  |  |  |  |  |
|   |   |              |      |      |        |   |        |           |                      |                           | 5000.00              |     |  |  |  |  |
| Senate  | Primary   | K General    |      |      |        |   |        |           |                      |                           |                      |     |  |  |  |  |
| President   | Other (spec                                       | cify) 🔻      |      |      |        | Me  | mo I   | tem       |                      |                           |                      |     |  |  |  |  |
| State: TX District: 24  |   |              |      |      |        |   |        |           |                      |                           |                      |     |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)  |   |              |      |      |        |   |        |           |                      | 1                         | 5000.00              | Γ   |  |  |  |  |
|   |   |              |      |      |        | <u> </u>  |        | /         |                      | -                         |                      | =   |  |  |  |  |
| TOTAL This Period (last page this line number only)   | )   |              |      |      |        |   |        | ,         |                      |                           |                      |     |  |  |  |  |

| SCHEDULE B (FEC Form 3X)   |                        |  | FOR LINE                  | NUMBER: PAGE 297 OF 302   |  |  |  |  |
|--|------------------------|--|---------------------------|---|--|--|--|--|
| ITEMIZED DISBURSEMENTS   | for each               | arate schedule(s)<br>category of the<br>Summary Page | (check only<br>21b<br>28a | -   |  |  |  |  |
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| NAME OF COMMITTEE (In Full)  |                        |  |                           |   |  |  |  |  |
| Select Medical Corporation PAC   |                        |  |                           |   |  |  |  |  |
| Full Name (Last, First, Middle Initial)  |                        |  |                           | Date of Disbursement  |  |  |  |  |
|  | M M / D D / Y Y Y Y    |  |                           |   |  |  |  |  |
| Mailing Address 9070 Irvine Center Drive Suite 150   |                        | 09 27 2023   |                           |   |  |  |  |  |
| City<br>Irvine   | State<br>CA            | Zip Code<br>92618                                    |                           | FEC Identification Number   |  |  |  |  |
| Purpose of Disbursement  | UA                     | 92018  |                           | C C00704981   |  |  |  |  |
| Contribution   |                        |  | 011                       |   |  |  |  |  |
| Candidate Name   |                        |  | Category/                 | Transaction ID : B855794<br>Amount of Each Disbursement this Period |  |  |  |  |
| Steel, Michelle, , ,   |                        |  | Type                      |   |  |  |  |  |
| Office Sought: X House Disburse<br>Senate  | ment For: 2<br>Primary | 2024<br>X General                                    |                           | 5000.00   |  |  |  |  |
| President  | Other (spe             |  |                           | Memo Item   |  |  |  |  |
| State: CA District: 45<br>Full Name (Last, First, Middle Initial)  |                        |  |                           |   |  |  |  |  |
| Brad Wenstrup Victory Fund   |                        | Date of Disbursement                                 |                           |   |  |  |  |  |
| Mailing Address PO BOX 30844   |                        |  | 09 29 2023                |   |  |  |  |  |
| City<br>Bethesda   | State<br>MD            | Zip Code<br>20824                                    |                           | FEC Identification Number   |  |  |  |  |
| Purpose of Disbursement  |                        | 20024  |                           | C C00617480   |  |  |  |  |
| Contribution   |                        |  | 011                       | Transaction ID : B856229  |  |  |  |  |
| Candidate Name   |                        |  | Category/                 | Amount of Each Disbursement this Period                             |  |  |  |  |
|  |                        |  | Туре                      |   |  |  |  |  |
| Office Sought: House Disburse  | ment For:              | 2023   |                           | 10000.00  |  |  |  |  |
| Senate   | Primary                | General  |                           |   |  |  |  |  |
| State: District:   | Other (spec            | Not Applicable                                       | )                         | Memo Item   |  |  |  |  |
| Full Name (Last, First, Middle Initial)  |                        |  |                           |   |  |  |  |  |
| C. Michelle Steel For Congress   |                        |  |                           | Date of Disbursement  |  |  |  |  |
| Mailing Address 9070 Irvine Center Drive Suite 150   | )                      |  |                           | 09 / 29 / Y Y Y Y<br>2023   |  |  |  |  |
| 5  | State                  | Zip Code   |                           | FEC Identification Number   |  |  |  |  |
| Irvine Purpose of Disbursement   | CA                     | 92618  |                           | 0 000770/00/  |  |  |  |  |
| Contribution   |                        |  | 011                       | C C00704981<br>Transaction ID : B855793                             |  |  |  |  |
| Candidate Name   | date Name              |  |                           |   |  |  |  |  |
| Steel, Michelle, , ,   |                        |  | Category/<br>Type         | Amount of Each Disbursement this Period                             |  |  |  |  |
| Office Sought: House Disburse  | 21                     |  |                           |   |  |  |  |  |
| Senate X   | Primary                | General  |                           |   |  |  |  |  |
| State: CA District: 45   | Other (spe             | city) 🔻  |                           | Memo Item   |  |  |  |  |
| State: CA District: 45   |                        |  |                           |   |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)   |                        |  | ••••••                    | 20000.00  |  |  |  |  |
|  |                        |  |                           |   |  |  |  |  |
| TOTAL This Period (last page this line number only   | )                      |  | ••••••                    | , _ , _ , _ ,   |  |  |  |  |

| SCHEDULE B (FEC Form 3X)  |             |   | FOR LINE I                | NUMBER: PAGE 298 OF 302   |  |  |  |  |
|---|-------------|---|---------------------------|---|--|--|--|--|
| ITEMIZED DISBURSEMENTS  | for each    | parate schedule(s)<br>category of the<br>Summary Page | (check only<br>21b<br>28a | one)<br>22 X 23 26 27<br>28b 28c 29 30b                             |  |  |  |  |
| Any information copied from such Reports and Stat<br>or for commercial purposes, other than using the n |             |   |                           |   |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |             |   |                           |   |  |  |  |  |
| Select Medical Corporation PAC  |             |   |                           |   |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |             |   |                           | Date of Disbursement  |  |  |  |  |
| Dwight Evans for Congress   |             |   |                           |   |  |  |  |  |
| Mailing Address P.O. Box 6578   |             |   |                           | 10 13 2023  |  |  |  |  |
| City<br>Philadelphia  | State<br>PA | Zip Code<br>19138                                     |                           | FEC Identification Number   |  |  |  |  |
| Purpose of Disbursement   |             |   |                           | C C00591065   |  |  |  |  |
| Contribution  |             |   | 011                       | Transaction ID : B857266  |  |  |  |  |
| Candidate Name  |             |   | Category/                 | Amount of Each Disbursement this Period                             |  |  |  |  |
| Evans, Dwight, , ,  |             |   | Туре                      | 5000.00   |  |  |  |  |
| Senate  | ement For:  | General   |                           | 5000.00   |  |  |  |  |
| State: PA District: 03  | Other (spe  | ecify) 🔻  |                           | Memo Item   |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |             |   |                           |   |  |  |  |  |
| B. Dwight Evans for Congress  |             | Date of Disbursement                                  |                           |   |  |  |  |  |
| Mailing Address P.O. Box 6578   |             |   |                           | 10 13 2023  |  |  |  |  |
| City  | State       | Zip Code<br>19138                                     |                           | FEC Identification Number   |  |  |  |  |
| Philadelphia<br>Purpose of Disbursement   | PA          |   |                           |   |  |  |  |  |
| Contribution  |             |   | 011                       | C C00591065   |  |  |  |  |
| Candidate Name  |             |   | Category/                 | Transaction ID : B857267<br>Amount of Each Disbursement this Period |  |  |  |  |
| Evans, Dwight, , ,  |             |   | Type                      | Amount of Each Disbursement this Feriod                             |  |  |  |  |
| Office Sought: X House Disburs  | ement For:  | 2024  |                           | 5000.00   |  |  |  |  |
| Senate  | Primary     | General   |                           |   |  |  |  |  |
| State: PA District: 03  | Other (spe  | ecify)  |                           | Memo Item   |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |             |   |                           |   |  |  |  |  |
| C. Menendez for Congress  |             |   |                           | Date of Disbursement  |  |  |  |  |
| Mailing Address 123 Town Square Place #515  |             |   |                           | 10 / D D / Y Y Y Y<br>2023  |  |  |  |  |
| City  | State       | Zip Code  |                           | FEC Identification Number   |  |  |  |  |
| Jersey City Purpose of Disbursement   | NJ          | 07310   |                           | 0 000700707   |  |  |  |  |
| Contribution  |             |   | 011                       | С соот99767   |  |  |  |  |
| Candidate Name  |             |   | Category/                 | Transaction ID : B857265<br>Amount of Each Disbursement this Period |  |  |  |  |
| Menendez, Robert, J, ,  |             |   | Type                      | Amount of Each Disburgement this Ferrod                             |  |  |  |  |
| Office Sought: X House Disburs  | ement For:  | 2024  |                           | 5000.00   |  |  |  |  |
| Senate  | C Primary   | General   |                           |   |  |  |  |  |
| Stato: NL District: 09  | Other (spe  | ecify) 🔻  |                           | Memo Item   |  |  |  |  |
| State: NJ District: 08  |             |   |                           |   |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional   | )           |   | •••••                     | 15000.00  |  |  |  |  |
| TOTAL This Davied (last page this line surplus a  | h.)         |   |                           |   |  |  |  |  |
| TOTAL This Period (last page this line number on  | ıy)         |   | •••••• •                  |   |  |  |  |  |

| SCHEDULE B (FEC Form 3X)  |  |                | FOR LINE          | NUMBER PAGE 299 OF 302  |  |  |  |  |  |  |
|---|--|----------------|-------------------|---|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS  | MIZED DISBURSEMENTS Use separate s<br>for each categor |                |                   | one)  |  |  |  |  |  |  |
|   |  | Summary Page   | 21b               | 22 X 23 26 27<br>28b 22c 20 20 20b                                  |  |  |  |  |  |  |
|   |  |                | 28a               | 28b 28c 29 30b  |  |  |  |  |  |  |
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| NAME OF COMMITTEE (In Full)   |  |                |                   |   |  |  |  |  |  |  |
| Select Medical Corporation PAC  |  |                |                   |   |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |  |                |                   | Date of Disbursement  |  |  |  |  |  |  |
| A. Mikie Sherrill for Congress  |  |                |                   |   |  |  |  |  |  |  |
| Mailing Address PO Box 43032  |  |                |                   | 10 13 2023  |  |  |  |  |  |  |
| City  | State<br>NJ  | Zip Code       |                   | FEC Identification Number   |  |  |  |  |  |  |
| Montclair<br>Purpose of Disbursement  | INJ  | 07043          |                   |   |  |  |  |  |  |  |
| Contribution  |  |                | 011               | C C00640003   |  |  |  |  |  |  |
| Candidate Name  |  |                |                   | Transaction ID : B857278  |  |  |  |  |  |  |
| Sherrill, Rebecca, M, ,   |  |                | Category/<br>Type | Amount of Each Disbursement this Period                             |  |  |  |  |  |  |
|   | ement For:   | 2024           | 21 ·              | 5000.00   |  |  |  |  |  |  |
| Senate  | Primary  | X General      |                   |   |  |  |  |  |  |  |
| State: NJ District: 11  | Other (spe   | cify) 🔻        |                   | Memo Item   |  |  |  |  |  |  |
|   |  |                |                   |   |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |  |                |                   | Date of Disbursement  |  |  |  |  |  |  |
| Tenney for Congress   |  |                |                   |   |  |  |  |  |  |  |
| Mailing Address PO Box 244  |  |                |                   | 10 13 2023  |  |  |  |  |  |  |
| City  | State  | Zip Code       |                   | FEC Identification Number   |  |  |  |  |  |  |
| Clinton   |  |                |                   |   |  |  |  |  |  |  |
| Purpose of Disbursement   |  |                |                   |   |  |  |  |  |  |  |
| Contribution<br>Candidate Name  |  |                |                   | Transaction ID : B857264<br>Amount of Each Disbursement this Period |  |  |  |  |  |  |
| Tenney, Claudia, , ,  |  |                | Category/<br>Type |   |  |  |  |  |  |  |
| -   | ement For:   | 2024           | Type              | 2500.00   |  |  |  |  |  |  |
| Senate  | Primary  | General        |                   |   |  |  |  |  |  |  |
| President   | Other (spe   | cify)          |                   | Memo Item   |  |  |  |  |  |  |
| State: NY District: 24  |  |                |                   |   |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |  |                |                   |   |  |  |  |  |  |  |
| <sup>C.</sup> Abraham Lincoln PAC   |  |                |                   | Date of Disbursement  |  |  |  |  |  |  |
| Mailing Addross 924 S. Millodge Avenue Suite 10   | 1  |                |                   | 10 17 2023  |  |  |  |  |  |  |
| Mailing Address 824 S. Milledge Avenue Suite 10   | I  |                |                   |   |  |  |  |  |  |  |
| City  | State  | Zip Code       |                   | FEC Identification Number   |  |  |  |  |  |  |
| Athens  | GA   | 30605          |                   |   |  |  |  |  |  |  |
| Purpose of Disbursement   |  |                | 011               | C C00631051   |  |  |  |  |  |  |
| Contribution<br>Candidate Name  |  |                |                   |   |  |  |  |  |  |  |
| Gandidate Name  | date Name Category/<br>Type                            |                |                   |   |  |  |  |  |  |  |
| Office Sought: House Disburs  | ement For:   | 2023           | 1900              | 5000.00   |  |  |  |  |  |  |
| Senate  | Primary  | General        |                   |   |  |  |  |  |  |  |
| President   | Other (spe   | cify) 🔻        |                   | Memo Item   |  |  |  |  |  |  |
| State: District:  | <b>`</b>   | Not Applicable |                   |   |  |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)  |  |                |                   | 12500.00  |  |  |  |  |  |  |
|   |  |                |                   |   |  |  |  |  |  |  |

| SC       | HEDULE B (FEC Form 3X)   | 1  |   | FOR LINE I                             |   |  |  |  |  |  |  |
|----------|--|--|---|--|---|--|--|--|--|--|--|
| ITE      | MIZED DISBURSEMENTS  | for each                                 | arate schedule(s)<br>category of the<br>Summary Page                | (check only<br>21b<br>28a              | one) 22 X 23 26 27 28b 28c 29 30b                                   |  |  |  |  |  |  |
|          | information copied from such Reports and State<br>or commercial purposes, other than using the nar |  |   |  |   |  |  |  |  |  |  |
| <u> </u> | IAME OF COMMITTEE (In Full)  |  |   |  |   |  |  |  |  |  |  |
|          | Select Medical Corporation PAC   |  |   |  |   |  |  |  |  |  |  |
| Λ        | full Name (Last, First, Middle Initial)  |  |   |  | Date of Disbursement  |  |  |  |  |  |  |
|          | LaHood for Congress  |  |   |  | M M / D D / Y Y Y Y   |  |  |  |  |  |  |
| N        | lailing Address PO Box 10735   |  |   |  | 10 17 2023  |  |  |  |  |  |  |
|          | Dity<br>Deoria   | State<br>IL                              | Zip Code<br>61612   |  | FEC Identification Number   |  |  |  |  |  |  |
| P        | Purpose of Disbursement  |  |   |  | С соо575050   |  |  |  |  |  |  |
|          | Contribution   |  |   | 011                                    | Transaction ID : B857447  |  |  |  |  |  |  |
| -        | Candidate Name   |  |   | Category/                              | Amount of Each Disbursement this Period                             |  |  |  |  |  |  |
|          | .aHood, Darin, , ,   |  |   | Туре                                   | 2500.00   |  |  |  |  |  |  |
| C        | Office Sought: X House Disburse Senate   | ment For: 2<br>Primary                   | 2024<br>General   |  | 2500.00   |  |  |  |  |  |  |
| .9       | President  | Other (spec                              | cify) ▼   |  | Memo Item   |  |  |  |  |  |  |
|          | Full Name (Last, First, Middle Initial)  |  |   |  |   |  |  |  |  |  |  |
| D        | LaHood for Congress  |  | Date of Disbursement  |  |   |  |  |  |  |  |  |
| N        | Aailing Address PO Box 10735   |  |   |  | 10 17 2023  |  |  |  |  |  |  |
|          | 5  | State<br>IL                              | Zip Code<br>61612   |  | FEC Identification Number   |  |  |  |  |  |  |
|          | Peoria   |  | 0 000575050   |  |   |  |  |  |  |  |  |
|          | Contribution   | 011                                      | C C00575050   |  |   |  |  |  |  |  |  |
| C        | Candidate Name   |  |   | Category/                              | Transaction ID : B857448<br>Amount of Each Disbursement this Period |  |  |  |  |  |  |
| L        | LaHood, Darin, , ,   |  |   | Type                                   |   |  |  |  |  |  |  |
| C        | Office Sought: X House Disburse  | ment For: 2                              | 2024  |  | 2500.00   |  |  |  |  |  |  |
|          | Senate   | Primary                                  | General   |  |   |  |  |  |  |  |  |
| S        | State: IL District: 16   | Other (spec                              | city)   |  | Memo Item   |  |  |  |  |  |  |
| 0        | ull Name (Last, First, Middle Initial)   |  |   |  | Date of Disbursement  |  |  |  |  |  |  |
| С.       | Carey For Congress   |  |   |  |   |  |  |  |  |  |  |
| Ν        | Aailing Address PO Box 16032   |  |   |  | 10 26 2023  |  |  |  |  |  |  |
|          | -  | State                                    | Zip Code  |  | FEC Identification Number   |  |  |  |  |  |  |
|          | Columbus<br>Purpose of Disbursement  | OH                                       | 43216   |  | C C00779603   |  |  |  |  |  |  |
|          | Contribution   |  |   | 011                                    |   |  |  |  |  |  |  |
| C        | Candidate Name   | Category/                                | Transaction ID : B858317<br>Amount of Each Disbursement this Period |  |   |  |  |  |  |  |  |
|          | Carey, Mike, , ,   | Type                                     | 5000.00   |  |   |  |  |  |  |  |  |
| C        |  | e Sought: X House Disbursement For: 2024 |   |  |   |  |  |  |  |  |  |
|          | Senate X   | Primary                                  | General   |  |   |  |  |  |  |  |  |
| 9        | State: OH District: 15   | Other (spec                              | city) 🔻   |  | Memo Item   |  |  |  |  |  |  |
|          |  |  |   |  |   |  |  |  |  |  |  |
| su       | BTOTAL of Disbursements This Page (optional).  |  |   | •••••••••••••••••••••••••••••••••••••• | 10000.00  |  |  |  |  |  |  |
| то       | TAL This Period (last page this line number only   | ·)                                       |   | ····· ►                                |   |  |  |  |  |  |  |

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| SCHEDULE B (FEC Form 3X)   |   |   | FOR LINE                                | NUMBER: PAGE 301 OF 302  |
|--|---|---|---|--|
| TEMIZED DISBURSEMENTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page |   | (check only                             | / one)   |
|  |   |   | 21D<br>28a                              | 22         X         23         26         27           28b         28c         29         30b |
| Any information copied from such Reports and State<br>or for commercial purposes, other than using the nat | ments may i<br>me and addi  | not be sold or use<br>ress of any politic | ed by any perseal committee to          | on for the purpose of soliciting contributions<br>o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  |   |   |   |  |
| Select Medical Corporation PAC   |   |   |   |  |
| Full Name (Last, First, Middle Initial)<br>A. Smucker Victory Committee                                    | Date of Disbursement  |   |   |  |
| Mailing Address 824 S Milledge Ave Ste 101   | 12 / D D / Y Y Y Y<br>12 14 2023  |   |   |  |
| City<br>Athens   | State<br>GA   | Zip Code<br>30605                         |   | FEC Identification Number  |
| Purpose of Disbursement  |   |   |   | C C00658484  |
| Contribution   |   |   | 011                                     | Transaction ID : B862715   |
| Candidate Name   | Category/<br>Type   | Amount of Each Disbursement this Period   |   |  |
| Office Sought: House Disburse  | ment For: 2   | 2023                                      |   | 10000.00   |
| Senate<br>President  | Primary<br>Other (spec  | General<br>cify) ▼                        |   | Memo Item  |
| State: District:   |   | Not Applicable                            |   |  |
| Full Name (Last, First, Middle Initial)<br><b>3.</b>   | Date of Disbursement  |   |   |  |
| Mailing Address  |   |   |   |  |
| City   | State   | Zip Code                                  |   | FEC Identification Number  |
| Purpose of Disbursement  |   | С   |   |  |
| Candidate Name   | Category/<br>Type   | Amount of Each Disbursement this Period   |   |  |
| Office Sought: House Disburse  | ment For:<br>Primary  | General                                   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
| State: District:   | Other (spec   | cify)                                     |   | Memo Item  |
| Full Name (Last, First, Middle Initial)  |   |   |   | Date of Disbursement   |
| Mailing Address  | M M / D D / Y Y Y Y Y   |   |   |  |
|  | State   | Zip Code                                  |   |  |
| Purpose of Disbursement  | FEC Identification Number   |   |   |  |
| Candidate Name   | Amount of Each Disbursement this Period                                       |   |   |  |
| Office Sought: House Disburse  |   |   |   |  |
| Senate President   | Primary General<br>Other (specify) V  |   |   |  |
| State: District:   |   | uiy) ▼                                    |   | Memo Item  |
| SUBTOTAL of Disbursements This Page (optional).  |   |   | <b>k</b>                                | 10000.00   |
| TOTAL This Period (last page this line number only   |   |   |   | 138500.00  |

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| ITEMIZED DISBURSEMENTS       Use separate schedule(s)<br>br each calculate(s)<br>br each calculate(s) | SCHEDU                 | LE B (FEC Form 3X)                     |   |   | FOR LINE       | NUMBER: PAGE 302 OF 302                        |  |  |
|---|------------------------|--|---|---|----------------|--|--|--|
| Detailed Summary Page       20       28       20       28       20       30         Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.         NAME OF COMMITTEE (in Full)       Select Medical Corporation PAC         Full Name (Last, First, Middle Initial)       A.         Ar Friends of Kevin Boyle       Date of Disbursement         Mailing Address       9816 Red Rambler Drive         City       Pha         Purpose of Disbursement       Transaction ID : B856532         Pactor of Disbursement       Category/         Purpose of Disbursement       President         Purpose of Disbursement       Primary         City       President         President       Transaction ID : B856532         Amount of Each Disbursement for: 2024       Memo Item         State:       PA         Disbursement       Category/         Office Sought:       House   | ITEMIZED DISBURSEMENTS |  |   |   |                | one)   |  |  |
| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.       NAME OF COMMITTEE (In Full)         NAME OF COMMITTEE (In Full)       Select Medical Corporation PAC         Full Name (Last, First, Middle Initial)       Friends of Kevin Boyle         Mailing Address 9816 Red Rambler Drive       Image: Contribution of Committee in Solici Contributions from such committee.         City       State       Zip Code         Philadelphia       Path       19115         Purpose of Disbursement       Image: Contribution of Each Disbursement in Period       Image: Contribution of Each Disbursement in Period         Rate:       PA       District:       17         Condidate Name       Senate       Primary       General         Office Sought:       House       Disbursement For:       2024         Office Sought:       House       Disbursement For:       2024         City       State       Zip Code       FEC Identification Number         City       State       Zip Code       FEC Identification Number         Office Sought:       House       Disbursement For:       Control Subursement       Control Subursement         City       State       Disbursement For:       Contrel Subursement       Control Subursement   |                        |  |   |   |                |  |  |  |
| Select Medical Corporation PAC         Full Name (Last, First, Middle Initial)         A         Friends of Kevin Boyle         Mailing Address 9816 Red Rambler Drive         City         Purpose of Disbursement         P-2024 State House 172 PA         Candidate Name         Byte, Kevin,         Office Sought:       House         President         State:       Pail Disbursement For:         Office Sought:       House         President       Office Sought:         B.       Mailing Address         City       State         Purpose of Disbursement       Office Sought:         B.       State         Mailing Address       City         City       State         Purpose of Disbursement       Category/<br>Type         Office Sought:       House         Disbursement       Category/<br>Type         Office Sought:       House         Disbursement For:       Category/<br>Type         Office Sought:       House         Disbursement For:       Other (specify)         Mailing Address       City         City       State         Disbursement       Category/<br>Type   |                        |  |   |   | d by any perso | on for the purpose of soliciting contributions |  |  |
| Full Name (Last, First, Middle Initial)       Date of Disbursement         Full Name (Last, First, Middle Initial)       Date of Disbursement         City       State       Zip Code         Purpose of Disbursement       Prove       Other (specify)         Purpose of Disbursement       Prevident       Category/         Office Sought:       House       Disbursement For: 2024         State:       PA       Primary         General       Primary       General         Purpose of Disbursement       Primary       General         Office Sought:       House       Disbursement For: 2024         State:       PA       Zip Code         Purpose of Disbursement       Primary       General         Office Sought:       House       Disbursement For: 2024         Gity       State       Zip Code         Purpose of Disbursement       Primary       General         Office Sought:       House       Disbursement For: 2024         State:       Disbursement       Category/         Office Sought:       House       Disbursement For: 2024         Senate       President       Other (specify)         Purpose of Disbursement       Disbursement For: 2024         Gity   | NAME OF                | COMMITTEE (In Full)                    |   |   |                |  |  |  |
| A.       Friends of Kevin Boyle       Date of Disbursement         Mailing Address       9816 Red Rambler Drive       To       04       2023         City       Primase State       19115       FEC Identification Number         Purpose of Disbursement       Category!       Type       Transaction ID : B85652         Amount of Each Disbursement       Disbursement For: 2024       Category!       Type         Office Sought:       House       Disbursement For: 2024       Category!       Type         Office Sought:       House       Disbursement For: 2024       Category!       Memo Item         State:       Pa       Disbursement For: 2024       Memo Item       Date of Disbursement         State:       President       State       Zip Code       FEC Identification Number         City       State       Zip Code       FEC Identification Number         Purpose of Disbursement       Category!       Amount of Each Disbursement Itils Period         Office Sought:       House       Disbursement For:       President         State:       Disbursement For:       Category!       Amount of Each Disbursement         City       State       Zip Code       FEC Identification Number         Purpose of Disbursement       Category! <td< td=""><td>Select</td><td>Medical Corporation PAC</td><td></td><td></td><td></td><td></td></td<>   | Select                 | Medical Corporation PAC                |   |   |                |  |  |  |
| Mailing Address       9816 Red Rambler Drive         City       State       Zip Code         Philadelphia       PA       1915         Purpose of Disbursement       011         P-2024 State House 172 PA       Category/<br>Type         Candidate Name       Disbursement For: 2024         Office Sought:       House<br>President       Disbursement For: 2024         State:       PA       Disbursement For: 2024         Mailing Address       Disbursement For: 2024         City       State       Zip Code         Purpose of Disbursement       Disbursement For: 2024         Office Sought:       House       Disbursement For: 2024         Mailing Address       City       State       Zip Code         Purpose of Disbursement       Disbursement For: 2024       FEC Identification Number         Office Sought:       House       Disbursement For: 2024       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For: 2024       Memo Item         Full Name (Last, First, Middle Initial)       Date of Disbursement       Memo Item         City       State       District:       President         Gity       Yerseitent       Other (specify)       General       Memo Item     <  | ^                      |  | Date of Disbursement                    |   |                |  |  |  |
| Philadelphia       PA       19115         Purpose of Disbursement       011       Cardidate Name         P-2024 State House 172 PA       011       Catagory/<br>Type       Tansaction ID : B856632         Office Sought:       House       Disbursement For: 2024       Tansaction ID : B856632         State:       PA       Disbursement For: 2024       Tansaction ID : B856632         State:       PA       Disbursement For: 2024       Tansaction ID : B856632         State:       PA       Disbursement For: 2024       Tansaction ID : B856632         Mailing Address       Other (specify) ▼       Memo Item         Mailing Address       Disbursement For: 2024       Tansaction Number         Office Sought:       House       Disbursement For: 2024       Amount of Each Disbursement         Office Sought:       House       Disbursement For: 2024       Amount of Each Disbursement for: 2024         Office Sought:       House       Disbursement For: 2024       Amount of Each Disbursement for: 2024         State:       District:       Disbursement For: 2024       Amount of Each Disbursement for: 2024         State:       District:       District:       District: 2024       Tec Identification Number         City       State       Disbursement       City 1       Tec Id  |                        | •                                      |   |   |                |  |  |  |
| Purpose of Disbursement       011         Purpose of Disbursement Name       011         Candidate Name       011         Boyle, Kevin,       Office Sought:         Anount of Each Disbursement For:       2024         State:       PA         District:       17         Full Name (Last, First, Middle Initial)       Date of Disbursement this Period         Mailing Address       City         Purpose of Disbursement       State         Candidate Name       Disbursement For:         Purpose of Disbursement       President         Office Sought:       House         President       Disbursement For:         President       Other (specify)         General       Memo Item         State:       Disbursement For:         President       Other (specify)         State:       Disbursement         City       State         Purpose of Disbursement       Fec Identification Number         City       State         Purpose o  |                        | ia                                     |   |   |                | FEC Identification Number                      |  |  |
| P-2024 State House       011         Candidate Name       Category/         Boyle, Kevin, .,       Office Sought:         Yesident       President         State:       PA         District:       17         Full Name (Last, First, Middle Initial)       Date of Disbursement this Period         B.       Candidate Name         Mailing Address       City         State:       Disbursement For:         Candidate Name       Category/         Office Sought:       House         Purpose of Disbursement       Disbursement For:         Candidate Name       Category/         Office Sought:       House         Disbursement       Category/         Type       Other (specify)         Full Name (Last, First, Middle Initial)       Disbursement For:         Candidate Name       Disbursement For:         Office Sought:       House         Disbursement for:       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)       Date of Disbursement         City       State       Zip Code         Purpose of Disbursement       FEC Identification Number         City       State       Zi  | •                      |  |   |   |                | С  |  |  |
| Boyle, Kevin,       Category/<br>Type       Andon' of Each Disbursement for: 2024         Office Sought:       President       Disbursement For: 2024         State:       PA       District: 17         Full Name (Last, First, Middle Initial)       B.         Mailing Address       City         Office Sought:       House         Disbursement       For:         Category/<br>Type       State         Zip Code       FEC Identification Number         Category/<br>Type       Category/<br>Type         Office Sought:       House         Disbursement       Disbursement For:         Category/<br>Type       Category/<br>Type         Office Sought:       House         Disbursement For:       Other (specify)         State:       Disbursement For:         District:       President         Full Name (Last, First, Middle Initial)       Category/<br>Other (specify)         City       State         Purpose of Disbursement       Category/<br>Category/<br>Type         City       State         Purpose of Disbursement       Category/<br>Category/<br>Type         City       State         Purpose of Disbursement       Category/<br>Category/<br>Type   |                        |  | 011                                     |   |                |  |  |  |
| Office Sought:       House       Disbursement For: 2024       750.00         State:       President       Other (specify)       Image: Construction of the specify)       Memo Item         B.       Mailing Address       Date of Disbursement       Date of Disbursement         City       State       Zip Code       FEC Identification Number         Purpose of Disbursement       Category/       Type         Office Sought:       House       Disbursement For:       Category/         State:       Disbursement For:       Category/       Memo Item         Full Name (Last, First, Middle Initial)       Other (specify)       Date of Disbursement         City       State       Zip Code       FEC Identification Number         Purpose of Disbursement       Category/       Memo Item         City       State       Zip Code       FEC Identification Number         Purpose of Disbursement       Category/       Memo Item       Memo Item         Category/       Type       Category/       Memo Item  |                        |  |   | Amount of Each Disbursement this Period |                |  |  |  |
| Since Geogram       Senate       President         State:       PA       District:       17         Full Name (Last, First, Middle Initial)       Date of Disbursement       Date of Disbursement         City       State       Zip Code       FEC Identification Number         Purpose of Disbursement       Category/<br>Type       FEC Identification Number         Office Sought:       House       Disbursement For:       Amount of Each Disbursement this Period         State:       District:       Primary       General         Full Name (Last, First, Middle Initial)       Date of Disbursement this Period       Memo Item         Full Name (Last, First, Middle Initial)       Ctepsecify)       Date of Disbursement         City       State:       Disbursement For:       Memo Item         Full Name (Last, First, Middle Initial)       Date of Disbursement       Memo Item         City       State       Zip Code       FEC Identification Number         Full Name (Last, First, Middle Initial)       Ctepsecify       Date of Disbursement         City       State       Zip Code       FEC Identification Number         Purpose of Disbursement       Category/<br>Type       Amount of Each Disbursement this Period         Category/<br>Type       State       Zip Code       FEC I   | -                      |  |   |   |                |  |  |  |
| State:       PA       District:       17         Full Name (Last, First, Middle Initial)       Date of Disbursement         Mailing Address       Image: City       State       Zip Code         Purpose of Disbursement       FEC Identification Number       Image: City         Purpose of Disbursement       Image: City       FEC Identification Number         Office Sought:       House       Disbursement For:       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       Memo Item         State:       District:       Memo Item         Full Name (Last, First, Middle Initial)       Other (specify)       Date of Disbursement         City       State       Zip Code       FEC Identification Number         Purpose of Disbursement       Mailing Address       FEC Identification Number         City       State       Zip Code       FEC Identification Number         Purpose of Disbursement       Mailing Address       Amount of Each Disbursement this Period         City       State       Zip Code       FEC Identification Number         Purpose of Disbursement       Mailing Address       Amount of Each Disbursement this Period  |                        | Senate                                 | Primary                                 | General                                 |                |  |  |  |
| B.       Date of Disbursement         Mailing Address       Image: City         City       State       Zip Code         Purpose of Disbursement       FEC Identification Number         Candidate Name       Category/<br>Type         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)       Date of Disbursement         C.       Mailing Address         City       State         Purpose of Disbursement       City         Purpose of Disbursement       City         City       State         Purpose of Disbursement       City         Purpose of Disbursement       Category/<br>Type         Category/<br>Type       FEC Identification Number         Category/<br>Type       Category/<br>Type  | State: F               | PA District: 17                        |   |   |                |  |  |  |
| Mailing Address       Zip Code       FEC Identification Number         City       State       Zip Code       FEC Identification Number         Purpose of Disbursement       Category/<br>Type       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       Amount of Each Disbursement this Period         State:       District:       Other (specify)       General       Memo Item         State:       District:       Date of Disbursement       Tull Name (Last, First, Middle Initial)       Date of Disbursement         City       State       Zip Code       FEC Identification Number         Purpose of Disbursement       Category/<br>Type       FEC Identification Number         City       State       Zip Code       FEC Identification Number         Purpose of Disbursement       Category/<br>Type       Amount of Each Disbursement this Period   |                        | e (Last, First, Middle Initial)        |   |   |                |  |  |  |
| Purpose of Disbursement       Candidate Name       Category/<br>Type       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       Amount of Each Disbursement this Period         State:       District:       Other (specify)       Memo Item         Full Name (Last, First, Middle Initial)       Date of Disbursement       Date of Disbursement         City       State       Zip Code       FEC Identification Number         Purpose of Disbursement       Category/<br>Type       FEC Identification Number         Candidate Name       Category/<br>Type       Category/<br>Type       FEC Identification Number   | Mailing Ac             | ldress                                 |   |   |                |  |  |  |
| Candidate Name       Category/<br>Type       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:         Senate       Primary       General         President       Other (specify)       Memo Item         State:       District:       Date of Disbursement         Full Name (Last, First, Middle Initial)       Date of Disbursement         City       State       Zip Code         Purpose of Disbursement       Category/<br>Type       FEC Identification Number         Candidate Name       Category/<br>Type       Amount of Each Disbursement this Period  | City                   |  | State                                   | Zip Code                                |                | FEC Identification Number                      |  |  |
| Office Sought:       House       Disbursement For:         Senate       Primary       General         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)       Date of Disbursement         C.       Mailing Address         City       State         Purpose of Disbursement       State         Candidate Name       Category/<br>Type  | Purpose o              | f Disbursement                         |   | C                                       |                |  |  |  |
| Senate   President   Other (specify)     Full Name (Last, First, Middle Initial)   C.   Mailing Address   City   Purpose of Disbursement   Candidate Name     Candidate Name     Senate     Primary   General   Other (specify)     Memo Item     Date of Disbursement   City   State   Zip Code   FEC Identification Number   Category/   Type     Amount of Each Disbursement this Period   | Candidate              | Name                                   |   | Amount of Each Disbursement this Period |                |  |  |  |
| State:       District:         Full Name (Last, First, Middle Initial)       Date of Disbursement         Mailing Address       Image: City         City       State       Zip Code         Purpose of Disbursement       Category/<br>Type       FEC Identification Number         Candidate Name       Category/<br>Type       Amount of Each Disbursement this Period  | Office Sou             | Office Sought: House Disbursement For: |   |   |                |  |  |  |
| C.     Date of Disbursement       Mailing Address     Image: City       City     State       Purpose of Disbursement     FEC Identification Number       Candidate Name     Category/<br>Type   | State:                 |  | Other (spe                              | cify)                                   |                | Memo Item                                      |  |  |
| Mailing Address     Image: City     State     Zip Code     FEC Identification Number       Purpose of Disbursement     Category/<br>Type     Category/<br>Type     Amount of Each Disbursement this Period  |                        | e (Last, First, Middle Initial)        |   |   |                | Data of Diskursement                           |  |  |
| Mailing Address     City     State     Zip Code     FEC Identification Number       Purpose of Disbursement     Category/<br>Type     Amount of Each Disbursement this Period   | U.                     |  |   |   |                |  |  |  |
| Purpose of Disbursement     Category/<br>Type     Category/<br>Type     Amount of Each Disbursement this Period   | Mailing Ac             | ddress                                 |   |   |                |  |  |  |
| Candidate Name Category/ Type Amount of Each Disbursement this Period   | City                   |  | State                                   | Zip Code                                |                | FEC Identification Number                      |  |  |
| Type  | Purpose o              | of Disbursement                        | C                                       |   |                |  |  |  |
|   | Candidate              | Name                                   | Amount of Each Disbursement this Period |   |                |  |  |  |
| Office Sought: House Disbursement For:<br>Senate Primary General  | Office Sou             |  |   |   |                |  |  |  |
| State:     District:   Other (specify) ▼ Memo Item  | State:                 |  | Other (spe                              | cify) ▼                                 |                | Memo Item                                      |  |  |
| SUBTOTAL of Disbursements This Page (optional)  | SUBTOTAI               | of Disbursements This Page (optional)  |   |   | <b>_</b>       | 7500.00  |  |  |
| TOTAL This Period (last page this line number only)   |                        |  |   |   | <b>r</b>       | 7500.00  |  |  |