

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Select Medical Corporation PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input checked="" type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C)         | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Walters, William, , ,

Type or Print Name of Treasurer

Signature of Treasurer Walters, William, , , [Electronically Filed] Date  /  /

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

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

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Select Medical Corporation PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		122888.09
(b) Cash on Hand at Beginning of Reporting Period.....	122888.09	
(c) Total Receipts (from Line 19) .....	53313.64	53313.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	176201.73	176201.73
7. Total Disbursements (from Line 31).....	71500.00	71500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	104701.73	104701.73
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Select Medical Corporation PAC

Report Covering the Period: From: 01 / 02 / 2018 To: 02 / 28 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	29770.12	29770.12
(ii) Unitemized .....	23543.52	23543.52
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	53313.64	53313.64
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	53313.64	53313.64
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	53313.64	53313.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	53313.64	53313.64

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	71500.00	71500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	71500.00	71500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71500.00	71500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	53313.64	53313.64
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	53313.64	53313.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Alexander, Patricia, U, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 194 Willis Rd PO Box 249  
 Suite 1050  
 City Eters State PA Zip Code 17319-0249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.62

Date of Receipt 01 / 19 / 2018  
**Transaction ID : A2018-38527**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Alexander, Patricia, U, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 194 Willis Rd PO Box 249  
 Suite 1050  
 City Eters State PA Zip Code 17319-0249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.09

Date of Receipt 02 / 16 / 2018  
**Transaction ID : A2018-348369**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Alverzo, Joan, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 152 Old Landing Road  
 City Ocean City State MD Zip Code 21842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt 01 / 26 / 2018  
**Transaction ID : A2018-45988**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Form/Schedule: SA11AI  
Transaction ID :

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

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Alverzo, Joan, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 152 Old Landing Road

City Ocean City	State MD	Zip Code 21842
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2018

**Transaction ID : A2018-119812**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Alverzo, Joan, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 152 Old Landing Road

City Ocean City	State MD	Zip Code 21842
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2018

**Transaction ID : A2018-380376**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Bahl, Derek, D, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 Tavern House Hill

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2018

**Transaction ID : A2018-119836**

Amount of Each Receipt this Period  
76.93

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	307.71
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Bahl, Derek, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 Tavern House Hill  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.72

Date of Receipt **02 / 23 / 2018**  
**Transaction ID : A2018-380400**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. Barker, Mary, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 Burnam Wood Court  
 City Mount Laurel State NJ Zip Code 08054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt **01 / 26 / 2018**  
**Transaction ID : A2018-45957**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Barker, Mary, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 Burnam Wood Court  
 City Mount Laurel State NJ Zip Code 08054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt **02 / 09 / 2018**  
**Transaction ID : A2018-119781**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	307.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Barker, Mary, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 Burnam Wood Court  
 City Mount Laurel State NJ Zip Code 08054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-380346**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Bechtel, Melinda, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 Parkview Road Suite 1050  
 City New Cumberland State PA Zip Code 17070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt 02 / 09 / 2018  
**Transaction ID : A2018-119883**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**C. Bechtel, Melinda, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 Parkview Road Suite 1050  
 City New Cumberland State PA Zip Code 17070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.72

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-380445**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	269.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Bein, Robert, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 545 Mud College Road

City Littlestown	State PA	Zip Code 17340
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : A2018-119837**

Amount of Each Receipt this Period  
76.93

Memo Item

**B. Bein, Robert, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 545 Mud College Road

City Littlestown	State PA	Zip Code 17340
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-380401**

Amount of Each Receipt this Period  
76.93

Memo Item

**C. Bencomo, Dionisio, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2851 SW 137 Court

City Miami	State FL	Zip Code 33175
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2018

**Transaction ID : A2018-45979**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	269.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Bencomo, Dionisio, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2851 SW 137 Court  
 City Miami State FL Zip Code 33175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2018  
**Transaction ID : A2018-119803**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Bencomo, Dionisio, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2851 SW 137 Court  
 City Miami State FL Zip Code 33175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2018  
**Transaction ID : A2018-380367**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Berkstresser, Joedy, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2636 Chadbourne Drive  
 City York State PA Zip Code 17404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2018  
**Transaction ID : A2018-119898**  
 Amount of Each Receipt this Period  
 76.93  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	307.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Berkstresser, Joedy, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2636 Chadbourne Drive  
 City York State PA Zip Code 17404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.72

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-380460**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. Bolcavage, Theodore, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 207 Bryant St  
 City Mechanicsburg State PA Zip Code 17050-4148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt 02 / 09 / 2018  
**Transaction ID : A2018-119760**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**C. Bolcavage, Theodore, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 207 Bryant St  
 City Mechanicsburg State PA Zip Code 17050-4148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.72

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-380325**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.79
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Bradley, Daniel, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2261 Turk Road

City Doylestown	State PA	Zip Code 18901
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2018

**Transaction ID : A2018-45956**

Amount of Each Receipt this Period  
192.31

Memo Item

**B. Bradley, Daniel, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2261 Turk Road

City Doylestown	State PA	Zip Code 18901
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.93

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2018

**Transaction ID : A2018-119780**

Amount of Each Receipt this Period  
192.31

Memo Item

**C. Bradley, Daniel, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2261 Turk Road

City Doylestown	State PA	Zip Code 18901
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
769.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2018

**Transaction ID : A2018-380345**

Amount of Each Receipt this Period  
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Breighner, Robert, G, Mr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 613 Carrie Drive

City Dallastown	State PA	Zip Code 17313
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : A2018-119791**

Amount of Each Receipt this Period  
76.93

Memo Item

**B. Breighner, Robert, G, Mr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 613 Carrie Drive

City Dallastown	State PA	Zip Code 17313
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-380356**

Amount of Each Receipt this Period  
76.93

Memo Item

**C. Buckingham, Thomas, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Chantilly Court

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

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2018

**Transaction ID : A2018-45938**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	269.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Buckingham, Thomas, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Chantilly Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt 02 / 09 / 2018  
**Transaction ID : A2018-119762**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Buckingham, Thomas, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Chantilly Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-380327**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Burgess, Ty, D, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3100 Carlisle St Apt 2112  
 City Dallas State TX Zip Code 75204-1516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt 02 / 09 / 2018  
**Transaction ID : A2018-119852**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Burgess, Ty, D, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3100 Carlisle St Apt 2112

City Dallas	State TX	Zip Code 75204-1516
----------------	-------------	------------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-380415**

Amount of Each Receipt this Period  
76.93

Memo Item

**B. Cannon, Matthew, D, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19073 Twilight Trl

City Eden Prairie	State MN	Zip Code 55346-4047
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2018

**Transaction ID : A2018-46068**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Cannon, Matthew, D, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19073 Twilight Trl

City Eden Prairie	State MN	Zip Code 55346-4047
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : A2018-119893**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	307.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Cannon, Matthew, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19073 Twilight Trl  
 City Eden Prairie State MN Zip Code 55346-4047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-380455**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Carnevale, Raymond, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 350 South Hamilton Street Apt 405  
 City Madison State WI Zip Code 53703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt 02 / 09 / 2018  
**Transaction ID : A2018-119885**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**C. Carnevale, Raymond, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 350 South Hamilton Street Apt 405  
 City Madison State WI Zip Code 53703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 307.72

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-380447**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 269.25  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Castroman, Marinella, , Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2971 Stanfield Avenue

City Orlando	State FL	Zip Code 32814
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2018

**Transaction ID : A2018-45946**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Castroman, Marinella, , Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2971 Stanfield Avenue

City Orlando	State FL	Zip Code 32814
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : A2018-119770**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Castroman, Marinella, , Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2971 Stanfield Avenue

City Orlando	State FL	Zip Code 32814
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-380335**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Chambers, Jason, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1415 Aaron Creek Drive

City Fisherville	State KY	Zip Code 40023
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2018

**Transaction ID : A2018-119788**

Amount of Each Receipt this Period  
76.93

Memo Item

**B. Chambers, Jason, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1415 Aaron Creek Drive

City Fisherville	State KY	Zip Code 40023
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2018

**Transaction ID : A2018-380353**

Amount of Each Receipt this Period  
76.93

Memo Item

**C. Chernow, David, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 700 Gladstone Court

City Mechanicsburg	State PA	Zip Code 17055
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
384.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2018

**Transaction ID : A2018-119864**

Amount of Each Receipt this Period  
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Chernow, David, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 Gladstone Court  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2018  
**Transaction ID : A2018-380427**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**B. Davis, Brian, E, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1211 High Hollow  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 26 / 2018  
**Transaction ID : A2018-45982**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**C. Davis, Brian, E, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1211 High Hollow  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2018  
**Transaction ID : A2018-119806**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Davis, Brian, E, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1211 High Hollow

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

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
769.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-380370**

Amount of Each Receipt this Period  
192.31

Memo Item

**B. Dean, Stefanie, A, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1019 Peggy Dr

City Hummelstown	State PA	Zip Code 17036-9030
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2018

**Transaction ID : A2018-45959**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Dean, Stefanie, A, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1019 Peggy Dr

City Hummelstown	State PA	Zip Code 17036-9030
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : A2018-119783**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	423.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Dean, Stefanie, A, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1019 Peggy Dr

City Hummelstown	State PA	Zip Code 17036-9030
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-380348**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Deemer, Miriam, R, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 285 Merriweather Rd

City Grosse Pointe Farms	State MI	Zip Code 48236-3428
-----------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2018

**Transaction ID : A2018-46044**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Deemer, Miriam, R, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 285 Merriweather Rd

City Grosse Pointe Farms	State MI	Zip Code 48236-3428
-----------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : A2018-119869**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Deemer, Miriam, R, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 285 Merriweather Rd

City Grosse Pointe Farms	State MI	Zip Code 48236-3428
-----------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-380432**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. DeGumbia, David, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 383 Pattonwood Dr

City Southington	State CT	Zip Code 06489
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2018

**Transaction ID : A2018-46008**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. DeGumbia, David, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 383 Pattonwood Dr

City Southington	State CT	Zip Code 06489
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : A2018-119833**

Amount of Each Receipt this Period  
115.39

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. DeGumbia, David, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 383 Pattonwood Dr  
 City Southington State CT Zip Code 06489  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-380397**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Dishner, Kerry, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 202 Downing Pl Suite 1050  
 City Mechanicsburg State PA Zip Code 17050-6881  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt 01 / 26 / 2018  
**Transaction ID : A2018-46041**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Dishner, Kerry, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 202 Downing Pl Suite 1050  
 City Mechanicsburg State PA Zip Code 17050-6881  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt 02 / 09 / 2018  
**Transaction ID : A2018-119866**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Dishner, Kerry, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 202 Downing Pl  
 Suite 1050  
 City Mechanicsburg State PA Zip Code 17050-6881  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-380429**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Duggan, John, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1764 North Meadow Drive  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 18 / 2018  
**Transaction ID : A2018-29174**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Engelhardt, David, D, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2772 Irene Circle  
 City Roseville State MN Zip Code 55113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt 01 / 26 / 2018  
**Transaction ID : A2018-45955**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5230.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Engelhardt, David, D, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2772 Irene Circle

City Roseville	State MN	Zip Code 55113
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2018

**Transaction ID : A2018-119779**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Engelhardt, David, D, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2772 Irene Circle

City Roseville	State MN	Zip Code 55113
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2018

**Transaction ID : A2018-380344**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Goodson, David, L, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1059 Lionsgate Ln

City Gulf Breeze	State FL	Zip Code 32563-3479
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2018

**Transaction ID : A2018-46048**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Goodson, David, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1059 Lionsgate Ln  
 City Gulf Breeze State FL Zip Code 32563-3479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt **02 / 09 / 2018**  
**Transaction ID : A2018-119873**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Goodson, David, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1059 Lionsgate Ln  
 City Gulf Breeze State FL Zip Code 32563-3479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt **02 / 23 / 2018**  
**Transaction ID : A2018-380436**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Grigonis, Antony, M, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1636 Lowell Lane  
 City New Cumberland State PA Zip Code 17070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt **02 / 09 / 2018**  
**Transaction ID : A2018-119857**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	307.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Grigonis, Antony, M, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1636 Lowell Lane

City New Cumberland	State PA	Zip Code 17070
------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2018

**Transaction ID : A2018-380420**

Amount of Each Receipt this Period  
76.93

Memo Item

**B. Hammerman, Samuel, I, Doctor, I.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Windy Drive

City Shavertown	State PA	Zip Code 18708
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Chief Medical Officer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2018

**Transaction ID : A2018-46059**

Amount of Each Receipt this Period  
192.31

Memo Item

**C. Hammerman, Samuel, I, Doctor, I.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Windy Drive

City Shavertown	State PA	Zip Code 18708
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Chief Medical Officer
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
576.93

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2018

**Transaction ID : A2018-119884**

Amount of Each Receipt this Period  
192.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	461.55
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Hammerman, Samuel, I, Doctor, I.**

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

Mailing Address 6 Windy Drive

City Shavertown	State PA	Zip Code 18708
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Chief Medical Officer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
769.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2018

**Transaction ID : A2018-380446**

Amount of Each Receipt this Period  
192.31

Memo Item

**B. Hollenbach, John, T, Mr.,**

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

Mailing Address 3607 Weymouth Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2018

**Transaction ID : A2018-119882**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Hollenbach, John, T, Mr.,**

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

Mailing Address 3607 Weymouth Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2018

**Transaction ID : A2018-380444**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	423.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Huffman, David, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2915 Arcona Road  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President Financial Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt **01 / 26 / 2018**  
**Transaction ID : A2018-45991**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Huffman, David, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2915 Arcona Road  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President Financial Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt **02 / 09 / 2018**  
**Transaction ID : A2018-119815**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Huffman, David, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2915 Arcona Road  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President Financial Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt **02 / 23 / 2018**  
**Transaction ID : A2018-380379**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. James, Stephanie, R, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 740 Parkins Mill Rd.

City Greenville	State SC	Zip Code 29607
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2018

**Transaction ID : A2018-46034**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. James, Stephanie, R, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 740 Parkins Mill Rd.

City Greenville	State SC	Zip Code 29607
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : A2018-119859**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. James, Stephanie, R, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 740 Parkins Mill Rd.

City Greenville	State SC	Zip Code 29607
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-380422**

Amount of Each Receipt this Period  
115.39

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Jewett, Harry, M, Mr., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Parsons Farm Lane

City Old Lyme	State CT	Zip Code 06371
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2018

**Transaction ID : A2018-119901**

Amount of Each Receipt this Period  
76.93

Memo Item

**B. Jewett, Harry, M, Mr., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Parsons Farm Lane

City Old Lyme	State CT	Zip Code 06371
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2018

**Transaction ID : A2018-380463**

Amount of Each Receipt this Period  
76.93

Memo Item

**C. Key, David, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1750 Eliza Way

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

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2018

**Transaction ID : A2018-119800**

Amount of Each Receipt this Period  
76.93

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.79
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Key, David, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1750 Eliza Way

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

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2018

**Transaction ID : A2018-380364**

Amount of Each Receipt this Period  
76.93

Memo Item

**B. Knight, Wilma, D, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5167 Carlson Dairy Road

City Summerfield	State NC	Zip Code 27358
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2018

**Transaction ID : A2018-46045**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Knight, Wilma, D, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5167 Carlson Dairy Road

City Summerfield	State NC	Zip Code 27358
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2018

**Transaction ID : A2018-119870**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	307.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Knight, Wilma, D, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5167 Carlson Dairy Road

City Summerfield	State NC	Zip Code 27358
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-380433**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Koppenhaver, Kathleen, W, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 Woodland Ave

City Hershey	State PA	Zip Code 17033-2156
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : A2018-119906**

Amount of Each Receipt this Period  
76.93

Memo Item

**C. Koppenhaver, Kathleen, W, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 Woodland Ave

City Hershey	State PA	Zip Code 17033-2156
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
307.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-380468**

Amount of Each Receipt this Period  
76.93

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	269.25
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Kundu, Nabarun, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 955 Bluff Ridge Dr  
 City Columbus State OH Zip Code 43235-1725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt 01 / 26 / 2018  
**Transaction ID : A2018-45904**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Kundu, Nabarun, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 955 Bluff Ridge Dr  
 City Columbus State OH Zip Code 43235-1725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt 02 / 09 / 2018  
**Transaction ID : A2018-119915**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Kundu, Nabarun, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 955 Bluff Ridge Dr  
 City Columbus State OH Zip Code 43235-1725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-380477**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Kurmakov, Aleksey, N, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2409 W Bayberry Dr  
 City Harrisburg State PA Zip Code 17112-1040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt 01 / 26 / 2018  
**Transaction ID : A2018-45941**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Kurmakov, Aleksey, N, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2409 W Bayberry Dr  
 City Harrisburg State PA Zip Code 17112-1040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt 02 / 09 / 2018  
**Transaction ID : A2018-119765**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Kurmakov, Aleksey, N, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2409 W Bayberry Dr  
 City Harrisburg State PA Zip Code 17112-1040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-380330**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Lacey, Mary, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Sunfire Avenue  
 City Camp Hill State PA Zip Code 17011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt **01 / 26 / 2018**  
**Transaction ID : A2018-45981**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Lacey, Mary, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Sunfire Avenue  
 City Camp Hill State PA Zip Code 17011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt **02 / 09 / 2018**  
**Transaction ID : A2018-119805**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Lacey, Mary, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Sunfire Avenue  
 City Camp Hill State PA Zip Code 17011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt **02 / 23 / 2018**  
**Transaction ID : A2018-380369**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Lewandowski, Bernard, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26 Joseph Drive

City Boiling Springs	State PA	Zip Code 17007
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 26 / 2018  
**Transaction ID : A2018-45971**

Amount of Each Receipt this Period  
 115.39

Memo Item

**B. Lewandowski, Bernard, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26 Joseph Drive

City Boiling Springs	State PA	Zip Code 17007
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2018  
**Transaction ID : A2018-119795**

Amount of Each Receipt this Period  
 115.39

Memo Item

**C. Lewandowski, Bernard, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26 Joseph Drive

City Boiling Springs	State PA	Zip Code 17007
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2018  
**Transaction ID : A2018-380360**

Amount of Each Receipt this Period  
 115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Malatesta, Michael, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4145 Serenity Street

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

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2018

**Transaction ID : A2018-45954**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Malatesta, Michael, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4145 Serenity Street

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

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : A2018-119778**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Malatesta, Michael, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4145 Serenity Street

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

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-380343**

Amount of Each Receipt this Period  
115.39

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. McAlister, Michael, H, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Brighton Court

City Heath	State TX	Zip Code 75032
---------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2018

**Transaction ID : A2018-46028**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. McAlister, Michael, H, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Brighton Court

City Heath	State TX	Zip Code 75032
---------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : A2018-119853**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. McAlister, Michael, H, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Brighton Court

City Heath	State TX	Zip Code 75032
---------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-380416**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. McCarter, Donald, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 606 Harvest Drive  
 City Telford State PA Zip Code 18969-2200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt **02 / 09 / 2018**  
**Transaction ID : A2018-119777**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. McCarter, Donald, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 606 Harvest Drive  
 City Telford State PA Zip Code 18969-2200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.72

Date of Receipt **02 / 23 / 2018**  
**Transaction ID : A2018-380342**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**C. McLain, Cynthia, G, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1120 South Albert Pike  
 City Fort Smith State AR Zip Code 72903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt **01 / 26 / 2018**  
**Transaction ID : A2018-45993**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	269.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. McLain, Cynthia, G, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1120 South Albert Pike

City Fort Smith	State AR	Zip Code 72903
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2018

**Transaction ID : A2018-119817**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. McLain, Cynthia, G, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1120 South Albert Pike

City Fort Smith	State AR	Zip Code 72903
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2018

**Transaction ID : A2018-380381**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. McNulty, James, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 Woodside Avenue

City Narberth	State PA	Zip Code 19072
------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President of Operations
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2018

**Transaction ID : A2018-45952**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. McNulty, James, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 Woodside Avenue

City Narberth	State PA	Zip Code 19072
------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President of Operations
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : A2018-119776**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. McNulty, James, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 Woodside Avenue

City Narberth	State PA	Zip Code 19072
------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President of Operations
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-380341**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Mullin, Thomas, P, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 St James Court

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

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Chief Operating Officer
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2018

**Transaction ID : A2018-46000**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Mullin, Thomas, P, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 St James Court

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

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Chief Operating Officer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2018

**Transaction ID : A2018-119824**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Mullin, Thomas, P, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 St James Court

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

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Chief Operating Officer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2018

**Transaction ID : A2018-380388**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Nordlund, Donald, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10869 Evergold Way

City Highlands Ranch	State CO	Zip Code 80126-5726
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
384.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2018

**Transaction ID : A2018-45915**

Amount of Each Receipt this Period  
192.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	423.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Nordlund, Donald, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10869 Evergold Way  
 City Highlands Ranch State CO Zip Code 80126-5726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.93

Date of Receipt **02 / 09 / 2018**  
**Transaction ID : A2018-119925**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Nordlund, Donald, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10869 Evergold Way  
 City Highlands Ranch State CO Zip Code 80126-5726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt **02 / 23 / 2018**  
**Transaction ID : A2018-380487**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Noro, Sharon, A, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 3rd St  
 City Aspinwall State PA Zip Code 15215-2904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt **01 / 26 / 2018**  
**Transaction ID : A2018-46014**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Noro, Sharon, A, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 3rd St

City Aspinwall	State PA	Zip Code 15215-2904
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : A2018-119839**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Noro, Sharon, A, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 3rd St

City Aspinwall	State PA	Zip Code 15215-2904
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-380403**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Ortenzio, Robert, A, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1716 Olmsted Way East

City Camp Hill	State PA	Zip Code 17011
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive Chairman
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2018

**Transaction ID : A2018-86868**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5230.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Ortenzio, Rocco, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Westwind Dr  
 City Lemoyne State PA Zip Code 17043-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.62

Date of Receipt 01 / 26 / 2018  
**Transaction ID : A2018-45930**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Ortenzio, Rocco, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Westwind Dr  
 City Lemoyne State PA Zip Code 17043-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.93

Date of Receipt 02 / 09 / 2018  
**Transaction ID : A2018-119754**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Ortenzio, Rocco, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Westwind Dr  
 City Lemoyne State PA Zip Code 17043-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-380319**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Pegler, William, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21723 E Rowland Cir  
 City Aurora State CO Zip Code 80016-3608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt 01 / 26 / 2018  
**Transaction ID : A2018-46074**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Pegler, William, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21723 E Rowland Cir  
 City Aurora State CO Zip Code 80016-3608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt 02 / 09 / 2018  
**Transaction ID : A2018-119899**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Pegler, William, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21723 E Rowland Cir  
 City Aurora State CO Zip Code 80016-3608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-380461**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Pennacchia, Raymond, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Cold Spring Lane

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Marketing Senior
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2018

**Transaction ID : A2018-45950**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Pennacchia, Raymond, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Cold Spring Lane

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Marketing Senior
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : A2018-119774**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Pennacchia, Raymond, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Cold Spring Lane

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Marketing Senior
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-380339**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Rogitz, Kristin, A, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4851 E Augusta Avenue

City Chandler	State AZ	Zip Code 85249
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : A2018-119756**

Amount of Each Receipt this Period  
76.93

Memo Item

**B. Rogitz, Kristin, A, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4851 E Augusta Avenue

City Chandler	State AZ	Zip Code 85249
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-380321**

Amount of Each Receipt this Period  
76.93

Memo Item

**C. Rusignuolo, Brian, R, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1339 Sconssett Way

City New Cumberland	State PA	Zip Code 17070
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
384.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2018

**Transaction ID : A2018-45958**

Amount of Each Receipt this Period  
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Rusignuolo, Brian, R, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1339 Sconsett Way

City New Cumberland	State PA	Zip Code 17070
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.93

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2018

**Transaction ID : A2018-119782**

Amount of Each Receipt this Period  
192.31

Memo Item

**B. Rusignuolo, Brian, R, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1339 Sconsett Way

City New Cumberland	State PA	Zip Code 17070
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
769.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2018

**Transaction ID : A2018-380347**

Amount of Each Receipt this Period  
192.31

Memo Item

**C. Ruskan, Jeffrey, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Beechwood Drive

City Richmond	State VA	Zip Code 23229
------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
384.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2018

**Transaction ID : A2018-46063**

Amount of Each Receipt this Period  
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Ruskan, Jeffrey, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Beechwood Drive

City Richmond	State VA	Zip Code 23229
------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.93

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2018

**Transaction ID : A2018-119888**

Amount of Each Receipt this Period  
192.31

Memo Item

**B. Ruskan, Jeffrey, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Beechwood Drive

City Richmond	State VA	Zip Code 23229
------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
769.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2018

**Transaction ID : A2018-380450**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 204 Forest Lane North

City Blountville	State TN	Zip Code 37617
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2018

**Transaction ID : A2018-45997**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

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

Mailing Address 204 Forest Lane North

City Blountville	State TN	Zip Code 37617
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : A2018-119821**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 204 Forest Lane North

City Blountville	State TN	Zip Code 37617
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-380385**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Shovlin, Tyler, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2910 Legacy Commons Plz Apt 308  
Suite 1050

City Omaha	State NE	Zip Code 68130-1849
---------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : A2018-119827**

Amount of Each Receipt this Period  
76.93

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	307.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Shovlin, Tyler, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2910 Legacy Commons Plz Apt 308  
 Suite 1050  
 City Omaha State NE Zip Code 68130-1849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.72

Date of Receipt **02 / 23 / 2018**  
**Transaction ID : A2018-380391**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. Singer, Deborah, L, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 Honeybelle Oval  
 City Chagrin Falls State OH Zip Code 44022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt **01 / 26 / 2018**  
**Transaction ID : A2018-45948**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**c. Singer, Deborah, L, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 Honeybelle Oval  
 City Chagrin Falls State OH Zip Code 44022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt **02 / 09 / 2018**  
**Transaction ID : A2018-119772**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	307.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Singer, Deborah, L, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 Honeybelle Oval  
 City Chagrin Falls State OH Zip Code 44022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt **02 / 23 / 2018**  
**Transaction ID : A2018-380337**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Skinner, Gloria, J, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1685 North 700 West  
 City Columbus State IN Zip Code 47201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt **01 / 26 / 2018**  
**Transaction ID : A2018-45943**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Skinner, Gloria, J, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1685 North 700 West  
 City Columbus State IN Zip Code 47201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt **02 / 09 / 2018**  
**Transaction ID : A2018-119767**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.17
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Skinner, Gloria, J, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1685 North 700 West  
 City Columbus State IN Zip Code 47201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2018  
**Transaction ID : A2018-380332**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Skinner, Jon, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 Topaz Ct  
 City Flower Mound State TX Zip Code 75022-8143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 26 / 2018  
**Transaction ID : A2018-46046**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Skinner, Jon, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 Topaz Ct  
 City Flower Mound State TX Zip Code 75022-8143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2018  
**Transaction ID : A2018-119871**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Skinner, Jon, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 Topaz Ct  
 City Flower Mound State TX Zip Code 75022-8143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt **02 / 23 / 2018**  
**Transaction ID : A2018-380434**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Sloterbeek, Meridell, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 164 E Dawn Dr  
 City Tempe State AZ Zip Code 85284-3160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt **01 / 26 / 2018**  
**Transaction ID : A2018-45960**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Sloterbeek, Meridell, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 164 E Dawn Dr  
 City Tempe State AZ Zip Code 85284-3160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt **02 / 09 / 2018**  
**Transaction ID : A2018-119784**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Sloterbeek, Meridell, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 164 E Dawn Dr  
 City Tempe State AZ Zip Code 85284-3160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-380349**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Stover, Justin, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1619 Fox Hollow Road  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt 01 / 26 / 2018  
**Transaction ID : A2018-45961**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Stover, Justin, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1619 Fox Hollow Road  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt 02 / 09 / 2018  
**Transaction ID : A2018-119785**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Stover, Justin, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1619 Fox Hollow Road  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt **02 / 23 / 2018**  
**Transaction ID : A2018-380350**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Tuer, Patrick, W, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5230 Joshua Rd  
 City Mechanicsburg State PA Zip Code 17050-7221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt **01 / 26 / 2018**  
**Transaction ID : A2018-46077**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Tuer, Patrick, W, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5230 Joshua Rd  
 City Mechanicsburg State PA Zip Code 17050-7221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt **02 / 09 / 2018**  
**Transaction ID : A2018-119902**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 OF 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Tuer, Patrick, W, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5230 Joshua Rd

City Mechanicsburg	State PA	Zip Code 17050-7221
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-380464**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Weber, Frank, J, Mr., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 698 Gordon Dr

City Charleston	State WV	Zip Code 25314-1762
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : A2018-119826**

Amount of Each Receipt this Period  
76.93

Memo Item

**C. Weber, Frank, J, Mr., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 698 Gordon Dr

City Charleston	State WV	Zip Code 25314-1762
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
307.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : A2018-380390**

Amount of Each Receipt this Period  
76.93

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	269.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Wells, Mark, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1108 1/2 East Palm Avenue  
 City Tampa State FL Zip Code 33605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt 02 / 09 / 2018  
**Transaction ID : A2018-119823**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. Wells, Mark, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1108 1/2 East Palm Avenue  
 City Tampa State FL Zip Code 33605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.72

Date of Receipt 02 / 23 / 2018  
**Transaction ID : A2018-380387**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**C. Williams, Brian, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9670 Rod Road  
 City Alpharetta State GA Zip Code 30022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt 01 / 26 / 2018  
**Transaction ID : A2018-45933**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	269.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Williams, Brian, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9670 Rod Road  
 City Alpharetta State GA Zip Code 30022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2018  
**Transaction ID : A2018-119757**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Williams, Brian, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9670 Rod Road  
 City Alpharetta State GA Zip Code 30022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2018  
**Transaction ID : A2018-380322**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.78
<b>TOTAL</b> This Period (last page this line number only).....	29770.12

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name (Last, First, Middle Initial) <b>A. Prosperity Action Inc.</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2018
Mailing Address 320 1st Street SE		FEC Identification Number C00377689 <b>Transaction ID : B678348</b>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Contribution	Candidate Name	Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Not Applicable	

Full Name (Last, First, Middle Initial) <b>B. Toomey Prosperity Fund</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2018
Mailing Address 707 Folly Hill Road		FEC Identification Number C00660779 <b>Transaction ID : B678349</b>
City Kennett Square	State PA	Zip Code 19348
Purpose of Disbursement Contribution	Candidate Name	Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Not Applicable	

Full Name (Last, First, Middle Initial) <b>C. Vote to Elect Republicans Now PAC</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018
Mailing Address 22780 Indidan Creek Drive Ste 100		FEC Identification Number C00431403 <b>Transaction ID : B678674</b>
City Dulles	State VA	Zip Code 20166
Purpose of Disbursement Contribution	Candidate Name	Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Not Applicable	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

15000.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name (Last, First, Middle Initial)  
**A. John Lewis for Congress**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	1		2	0	1	8		

Mailing Address PO Box 2323

City Atlanta State GA Zip Code 30301

FEC Identification Number

**C** C00202416

**Transaction ID : B678781**

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Lewis, John, , ,**

Office Sought:  House  Senate  President  
State: GA District: 05

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)  
**B. John Lewis for Congress**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	1		2	0	1	8		

Mailing Address PO Box 2323

City Atlanta State GA Zip Code 30301

FEC Identification Number

**C** C00202416

**Transaction ID : B678782**

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Lewis, John, , ,**

Office Sought:  House  Senate  President  
State: GA District: 05

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Charlie Dent for Congress**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	2		2	0	1	8		

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

FEC Identification Number

**C** C00386847

**Transaction ID : B662607**

Amount of Each Disbursement this Period

- 1000.00

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Dent, Charlie, , ,**

Office Sought:  House  Senate  President  
State: PA District: 15

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Memo Item  
Voided: Original check dated 08/03/17

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name (Last, First, Middle Initial)

**A. Silk PAC**

Mailing Address PO Box 286

City Caldwell State NJ Zip Code 07006

Purpose of Disbursement Contribution

**011**  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼ Not Applicable

Date of Disbursement  
MM / DD / YYYY  
01 / 18 / 2018

FEC Identification Number

**C** C00432765

**Transaction ID : B679135**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Volunteers for Shimkus**

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement Contribution

**011**  
Category/Type

Candidate Name

**Shimkus, John, M, ,**

Office Sought:  House  Senate  President  
State: IL District: 15

Disbursement For: 2018  
 Primary  General  
 Other (specify)

Date of Disbursement  
MM / DD / YYYY  
01 / 18 / 2018

FEC Identification Number

**C** C00258855

**Transaction ID : B679136**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Making America Prosperous PAC**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement Contribution

**011**  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼ Not Applicable

Date of Disbursement  
MM / DD / YYYY  
01 / 19 / 2018

FEC Identification Number

**C** C00445379

**Transaction ID : B679155**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

15000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Mikie Sherrill for Congress**

Full Name (Last, First, Middle Initial)  
Mikie Sherrill for Congress

Date of Disbursement: 01 / 30 / 2018

Mailing Address: PO Box 43032

City: Montclair, State: NJ, Zip Code: 07043

Purpose of Disbursement: Contribution  
Category/Type: 011

Candidate Name: Sherrill, Rebecca, M, ,  
Office Sought:  House,  Senate,  President  
Disbursement For: 2018,  Primary,  General,  Other (specify) ▼

State: NJ, District: 11

FEC Identification Number: C00640003  
Transaction ID: B679636  
Amount of Each Disbursement this Period: 5000.00  
 Memo Item

**B. Mikie Sherrill for Congress**

Full Name (Last, First, Middle Initial)  
Mikie Sherrill for Congress

Date of Disbursement: 01 / 30 / 2018

Mailing Address: PO Box 43032

City: Montclair, State: NJ, Zip Code: 07043

Purpose of Disbursement: Contribution  
Category/Type: 011

Candidate Name: Sherrill, Rebecca, M, ,  
Office Sought:  House,  Senate,  President  
Disbursement For: 2018,  Primary,  General,  Other (specify) ▼

State: NJ, District: 11

FEC Identification Number: C00640003  
Transaction ID: B679637  
Amount of Each Disbursement this Period: 5000.00  
 Memo Item

**C. DCCC**

Full Name (Last, First, Middle Initial)  
DCCC

Date of Disbursement: 02 / 01 / 2018

Mailing Address: 430 S. Capitol St. SE, 2nd Floor

City: Washington, State: DC, Zip Code: 20003

Purpose of Disbursement: Contribution  
Category/Type: 011

Candidate Name:  
Office Sought:  House,  Senate,  President  
Disbursement For: 2018,  Primary,  General,  Other (specify) ▼

State: , District: Not Applicable

FEC Identification Number: C00000935  
Transaction ID: B679758  
Amount of Each Disbursement this Period: 5000.00  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 15000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Select Medical Corporation PAC**

Full Name (Last, First, Middle Initial)

**A. Cory Booker for Senate**

Mailing Address PO Box 15293

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Booker, Cory, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: NJ District:

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2018

FEC Identification Number

C C00540500

**Transaction ID : B679866**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. New Millennium PAC**

Mailing Address 700 Thirteenth Street NW  
Ste 600

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2018

FEC Identification Number

C C00349233

**Transaction ID : B679867**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Brady Victory Fund**

Mailing Address 1790 Hughes Landing Blvd

City  
The Woodlands

State  
TX

Zip Code  
77380

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY  
02 / 07 / 2018

FEC Identification Number

C C00531285

**Transaction ID : B680028**

Amount of Each Disbursement this Period

5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

10000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name (Last, First, Middle Initial) <b>A. Friends of John Barrasso</b>		Date of Disbursement MM / DD / YYYY 02 / 12 / 2018
Mailing Address PO Box 52008		FEC Identification Number C00436386 <b>Transaction ID : B680351</b>
City Casper	State WY	Zip Code 82605
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2500.00
Candidate Name <b>Barrasso, John, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: WY District:	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of John Barrasso</b>		Date of Disbursement MM / DD / YYYY 02 / 12 / 2018
Mailing Address PO Box 52008		FEC Identification Number C00436386 <b>Transaction ID : B680352</b>
City Casper	State WY	Zip Code 82605
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2500.00
Candidate Name <b>Barrasso, John, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: WY District:	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Tenney for Congress</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2018
Mailing Address 28 Robinson Road		FEC Identification Number C00561183 <b>Transaction ID : B680895</b>
City Clinton	State NY	Zip Code 13323
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2500.00
Candidate Name <b>Tenney, Claudia, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: NY District: 22	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	71500.00