

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Select Medical Corporation PAC

ADDRESS (number and street) 4714 Gettysburg Road

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

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

C C00546119

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

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <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 05 / 24 / 2016 in the State of GA

- (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 04 / 01 / 2016 through 05 / 04 / 2016

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

Type or Print Name of Treasurer William Walters

Signature of Treasurer William Walters [Electronically Filed] Date 05 / 11 / 2016

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

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

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Select Medical Corporation PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		121630.99
(b) Cash on Hand at Beginning of Reporting Period.....	76135.79	
(c) Total Receipts (from Line 19) .....	12636.25	59179.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	88772.04	180810.55
7. Total Disbursements (from Line 31).....	45000.00	137038.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	43772.04	43772.04
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Select Medical Corporation PAC

Report Covering the Period: From: 04 / 01 / 2016 To: 05 / 04 / 2016

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).....	10577.57	42771.05
(ii) Unitemized .....	2058.68	16408.51
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12636.25	59179.56
(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) .....	12636.25	59179.56
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))..... ▶	12636.25	59179.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12636.25	59179.56

**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.....	45000.00	137000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	38.51
(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	38.51
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	45000.00	137038.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45000.00	137038.51

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	12636.25	59179.56
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	38.51
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12636.25	59141.05
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: PAGE 6 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 152 Old Landing Road

City State Zip Code  
Ocean City MD 21842

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2016  
**Transaction ID : A2016-518297**

Amount of Each Receipt this Period  
 115.39

Memo Item

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

Mailing Address 152 Old Landing Road

City State Zip Code  
Ocean City MD 21842

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
923.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2016  
**Transaction ID : A2016-684439**

Amount of Each Receipt this Period  
 115.39

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mr. Robert J Bein**

Mailing Address 545 Mud College Road

City State Zip Code  
Littlestown PA 17340

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
538.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2016  
**Transaction ID : A2016-518298**

Amount of Each Receipt this Period  
 76.93

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 307.71

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

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

Form/Schedule: SA11AI  
Transaction ID :

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

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Mr. Robert J Bein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 545 Mud College Road  
 City Littlestown State PA Zip Code 17340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.44

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016  
**Transaction ID : A2016-684453**  
 Amount of Each Receipt this Period  
 76.93  
 Memo Item

**B. Mr. Joedy L Berkstresser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4714 Gettysburg Road  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President, Information Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.51

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2016  
**Transaction ID : A2016-518384**  
 Amount of Each Receipt this Period  
 76.93  
 Memo Item

**C. Mr. Joedy L Berkstresser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4714 Gettysburg Road  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President, Information Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.44

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016  
**Transaction ID : A2016-684488**  
 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: PAGE 9 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Edwin A Bodensiek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3047 Terra Maria Way  
 City State Zip Code  
 Ellicott City MD 21042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 807.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2016  
**Transaction ID : A2016-518301**  
 Amount of Each Receipt this Period  
 115.38  
 Memo Item

**B. Mr. Edwin A Bodensiek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3047 Terra Maria Way  
 City State Zip Code  
 Ellicott City MD 21042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 923.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2016  
**Transaction ID : A2016-684468**  
 Amount of Each Receipt this Period  
 115.38  
 Memo Item

**C. Mr. Theodore J Bolcavage**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 Stone Run Drive  
 City State Zip Code  
 Mechanicsburg PA 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 538.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2016  
**Transaction ID : A2016-518303**  
 Amount of Each Receipt this Period  
 76.93  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 10 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Theodore J Bolcavage**

Mailing Address 30 Stone Run Drive

City Mechanicsburg      State PA      Zip Code 17050

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.44**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016  
**Transaction ID : A2016-684401**

Amount of Each Receipt this Period  
 76.93

Memo Item

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

Mailing Address 2261 Turk Road

City Doylestown      State PA      Zip Code 18901

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

Name of Employer Select Medical Corporation      Occupation President (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1346.17**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2016  
**Transaction ID : A2016-518304**

Amount of Each Receipt this Period  
 192.31

Memo Item

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

Mailing Address 2261 Turk Road

City Doylestown      State PA      Zip Code 18901

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

Name of Employer Select Medical Corporation      Occupation President (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1538.48**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016  
**Transaction ID : A2016-684416**

Amount of Each Receipt this Period  
 192.31

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **461.55**

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

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

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

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

**A. Mr. Robert H Brehm**  
Full Name (Last, First, Middle Initial)  
Mailing Address 605 Chestnut St.  
City Stirling State NJ Zip Code 07980  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Select Medical Corporation Occupation President (Ex)  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1346.17**

Date of Receipt **04 / 08 / 2016**  
**Transaction ID : A2016-518305**  
Amount of Each Receipt this Period **192.31**  
 Memo Item

**B. Mr. Robert H Brehm**  
Full Name (Last, First, Middle Initial)  
Mailing Address 605 Chestnut St.  
City Stirling State NJ Zip Code 07980  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Select Medical Corporation Occupation President (Ex)  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1538.48**

Date of Receipt **04 / 22 / 2016**  
**Transaction ID : A2016-684438**  
Amount of Each Receipt this Period **192.31**  
 Memo Item

**C. Mr. Robert G Breighner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 613 Carrie Drive  
City Dallastown State PA Zip Code 17313  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **538.51**

Date of Receipt **04 / 08 / 2016**  
**Transaction ID : A2016-518306**  
Amount of Each Receipt this Period **76.93**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>461.55</b>
<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 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Robert G Breighner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 613 Carrie Drive  
 City State Zip Code  
 Dallastown PA 17313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 615.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2016  
**Transaction ID : A2016-684423**  
 Amount of Each Receipt this Period  
 76.93  
 Memo Item

**B. Mr. Thomas Buckingham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Chantilly Court  
 City State Zip Code  
 Mechanicsburg PA 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Executive Vice President (Ex)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2016  
**Transaction ID : A2016-518307**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Mr. Thomas Buckingham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Chantilly Court  
 City State Zip Code  
 Mechanicsburg PA 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Executive Vice President (Ex)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 923.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2016  
**Transaction ID : A2016-684403**  
 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 13 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Mr. Raymond F Carnevale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5801 Gemini Dr. Apt. 305  
 City Madison State WI Zip Code 53718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **538.51**

Date of Receipt **04 / 08 / 2016**  
**Transaction ID : A2016-518308**  
 Amount of Each Receipt this Period **76.93**  
 Memo Item

**B. Mr. Raymond F Carnevale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5801 Gemini Dr. Apt. 305  
 City Madison State WI Zip Code 53718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **615.44**

Date of Receipt **04 / 22 / 2016**  
**Transaction ID : A2016-684481**  
 Amount of Each Receipt this Period **76.93**  
 Memo Item

**C. Mrs. Marinella Castroman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2971 Stanfield Avenue  
 City Orlando State FL Zip Code 32814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **807.73**

Date of Receipt **04 / 08 / 2016**  
**Transaction ID : A2016-518309**  
 Amount of Each Receipt this Period **115.39**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>269.25</b>
<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 14 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mrs. Marinella Castroman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2971 Stanfield Avenue  
 City Orlando State FL Zip Code 32814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt 04 / 22 / 2016  
**Transaction ID : A2016-684410**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Mr. Jevne R Conover**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11896 Lakeshore Drive  
 City Grand Haven State MI Zip Code 49417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.29

Date of Receipt 04 / 08 / 2016  
**Transaction ID : A2016-518311**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Mr. Jevne R Conover**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11896 Lakeshore Drive  
 City Grand Haven State MI Zip Code 49417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.76

Date of Receipt 04 / 22 / 2016  
**Transaction ID : A2016-684487**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 192.33  
**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 15 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Mr. Brian E Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1211 High Hollow  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt  
 04 / 08 / 2016  
**Transaction ID : A2016-518313**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Mr. Brian E Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1211 High Hollow  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt  
 04 / 22 / 2016  
**Transaction ID : A2016-684433**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Mrs. Lora A Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3022 Eagle Point Way  
 City Tallahassee State FL Zip Code 32312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt  
 04 / 08 / 2016  
**Transaction ID : A2016-518314**  
 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 16 OF 46  
(check only one)

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

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

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

**A. Mrs. Lora A Davis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3022 Eagle Point Way  
City Tallahassee State FL Zip Code 32312  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 923.12

Date of Receipt 04 / 22 / 2016  
**Transaction ID : A2016-684454**  
Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Mrs. Teresa L Davis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1019 Deerfield Road  
City Richmond State TX Zip Code 77406  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 269.29

Date of Receipt 04 / 08 / 2016  
**Transaction ID : A2016-518315**  
Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Mrs. Teresa L Davis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1019 Deerfield Road  
City Richmond State TX Zip Code 77406  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 307.76

Date of Receipt 04 / 22 / 2016  
**Transaction ID : A2016-684422**  
Amount of Each Receipt this Period 38.47  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 192.33  
**TOTAL** This Period (last page this line number only).....▶



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

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

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

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

**A. Mrs. Stefanie A Dean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6421 Farmcrest Lane  
 City Harrisburg State PA Zip Code 17111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt 04 / 08 / 2016  
**Transaction ID : A2016-518316**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Mrs. Stefanie A Dean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6421 Farmcrest Lane  
 City Harrisburg State PA Zip Code 17111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt 04 / 22 / 2016  
**Transaction ID : A2016-684418**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Mrs. Miriam R Deemer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 Trombley  
 City Grosse Pointe Park State MI Zip Code 48230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.29

Date of Receipt 04 / 08 / 2016  
**Transaction ID : A2016-518317**  
 Amount of Each Receipt this Period 38.47  
 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: PAGE 18 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mrs. Miriam R Deemer**  
 Mailing Address 700 Trombley  
 City State Zip Code  
 Grosse Pointe Park MI 48230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 307.76

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016  
**Transaction ID : A2016-684469**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

Full Name (Last, First, Middle Initial)  
**B. Mr. David J DeGumbia**  
 Mailing Address 383 Pattonwood Dr  
 City State Zip Code  
 Southington CT 06489  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Senior Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 807.73

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2016  
**Transaction ID : A2016-518318**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mr. David J DeGumbia**  
 Mailing Address 383 Pattonwood Dr  
 City State Zip Code  
 Southington CT 06489  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Senior Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 923.12

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016  
**Transaction ID : A2016-684450**  
 Amount of Each Receipt this Period  
 115.39  
 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: PAGE 19 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Bahl D Derek**  
 Full Name (Last, First, Middle Initial)  
 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 Select Medical Corporation Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.51

Date of Receipt 04 / 08 / 2016  
**Transaction ID : A2016-518394**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. Bahl D Derek**  
 Full Name (Last, First, Middle Initial)  
 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 Select Medical Corporation Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.44

Date of Receipt 04 / 22 / 2016  
**Transaction ID : A2016-684451**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**C. Mr. Robert DiLullo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 860 Beachwood Road  
 City Havertown State PA Zip Code 19083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President of Operations (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.29

Date of Receipt 04 / 01 / 2016  
**Transaction ID : A2016-518291**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 192.33  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Robert DiLullo**  
Full Name (Last, First, Middle Initial)

Mailing Address 860 Beachwood Road

City Havertown State PA Zip Code 19083

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 307.76

Date of Receipt 04 / 15 / 2016  
**Transaction ID : A2016-653223**

Amount of Each Receipt this Period 38.47

Memo Item

**B. Mr. Robert DiLullo**  
Full Name (Last, First, Middle Initial)

Mailing Address 860 Beachwood Road

City Havertown State PA Zip Code 19083

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 346.23

Date of Receipt 04 / 29 / 2016  
**Transaction ID : A2016-702049**

Amount of Each Receipt this Period 38.47

Memo Item

**C. Mr. David D Engelhardt**  
Full Name (Last, First, Middle Initial)

Mailing Address 2772 Irene Circle

City Roseville State MN Zip Code 55113

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 807.73

Date of Receipt 04 / 08 / 2016  
**Transaction ID : A2016-518320**

Amount of Each Receipt this Period 115.39

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 192.33

**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 21 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. David D Engelhardt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2772 Irene Circle  
 City Roseville State MN Zip Code 55113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt 04 / 22 / 2016  
**Transaction ID : A2016-684415**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Mr. David L Goodson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1059 Lionsgate Lane  
 City Gulf Breeze State FL Zip Code 32563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt 04 / 08 / 2016  
**Transaction ID : A2016-518324**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Mr. David L Goodson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1059 Lionsgate Lane  
 City Gulf Breeze State FL Zip Code 32563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt 04 / 22 / 2016  
**Transaction ID : A2016-684475**  
 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 22 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Antony M Grigonis**  
 Full Name (Last, First, Middle Initial)  
 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 Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **538.51**

Date of Receipt **04 / 08 / 2016**  
**Transaction ID : A2016-518325**  
 Amount of Each Receipt this Period **76.93**  
 Memo Item

**B. Mr. Antony M Grigonis**  
 Full Name (Last, First, Middle Initial)  
 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 Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **615.44**

Date of Receipt **04 / 22 / 2016**  
**Transaction ID : A2016-684462**  
 Amount of Each Receipt this Period **76.93**  
 Memo Item

**C. Mr. Randal S Hamilton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 615 N. Bonita Avenue  
 City Panama City State FL Zip Code 32401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation CEO/Administrator (Ex) - 001  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **269.29**

Date of Receipt **04 / 08 / 2016**  
**Transaction ID : A2016-518385**  
 Amount of Each Receipt this Period **38.47**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>192.33</b>
<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 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Randal S Hamilton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 615 N. Bonita Avenue  
 City Panama City State FL Zip Code 32401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation CEO/Administrator (Ex) - 001  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **307.76**

Date of Receipt **04 / 22 / 2016**  
**Transaction ID : A2016-684456**  
 Amount of Each Receipt this Period **38.47**  
 Memo Item

**B. Doctor Samuel I Hammerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 239 Butler Street  
 City Kingston State PA Zip Code 18704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Chief Medical Officer (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1346.17**

Date of Receipt **04 / 08 / 2016**  
**Transaction ID : A2016-518326**  
 Amount of Each Receipt this Period **192.31**  
 Memo Item

**C. Doctor Samuel I Hammerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 239 Butler Street  
 City Kingston State PA Zip Code 18704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Chief Medical Officer (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1538.48**

Date of Receipt **04 / 22 / 2016**  
**Transaction ID : A2016-684480**  
 Amount of Each Receipt this Period **192.31**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>423.09</b>
<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 24 OF 46  
(check only one)

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

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

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

**A. Mrs. Barbara E Hannan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 83 Krattiger Court

City West Milford	State NJ	Zip Code 07480
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
538.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2016

**Transaction ID : A2016-518327**

Amount of Each Receipt this Period  
76.93

Memo Item

**B. Mrs. Barbara E Hannan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 83 Krattiger Court

City West Milford	State NJ	Zip Code 07480
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
615.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2016

**Transaction ID : A2016-684443**

Amount of Each Receipt this Period  
76.93

Memo Item

**C. Mr. David J Huffman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2915 Arcona Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2016

**Transaction ID : A2016-518329**

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: PAGE 25 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. David J Huffman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2915 Arcona Road  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt 04 / 22 / 2016  
**Transaction ID : A2016-684441**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Ms. Stephanie R James**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 740 Parkins Mill Rd.  
 City Greenville State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt 04 / 08 / 2016  
**Transaction ID : A2016-518330**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Ms. Stephanie R James**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 740 Parkins Mill Rd.  
 City Greenville State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt 04 / 22 / 2016  
**Transaction ID : A2016-684465**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 346.17  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Harry M Jewett**  
Full Name (Last, First, Middle Initial)

Mailing Address 4714 Gettysburg Road

City Mechanicsburg State PA Zip Code 17055

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

Name of Employer Select Medical Corporation Occupation Vice President, Business Developmen

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 538.51

Date of Receipt 04 / 08 / 2016  
**Transaction ID : A2016-518388**

Amount of Each Receipt this Period 76.93

Memo Item

**B. Mr. Harry M Jewett**  
Full Name (Last, First, Middle Initial)

Mailing Address 4714 Gettysburg Road

City Mechanicsburg State PA Zip Code 17055

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

Name of Employer Select Medical Corporation Occupation Vice President, Business Developmen

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 615.44

Date of Receipt 04 / 22 / 2016  
**Transaction ID : A2016-684490**

Amount of Each Receipt this Period 76.93

Memo Item

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

Mailing Address 1286 Brayshore Drive

City Collierville State TN Zip Code 38017

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 538.51

Date of Receipt 04 / 08 / 2016  
**Transaction ID : A2016-518331**

Amount of Each Receipt this Period 76.93

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.79

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 46
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<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. Mr. David F Key**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1286 Brayshore Drive  
 City Collierville State TN Zip Code 38017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.44

Date of Receipt 04 / 22 / 2016  
**Transaction ID : A2016-684428**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. Mr. Aleksey N Kurmakov**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2413 Tofree Drive  
 City Harrisburg State PA Zip Code 17112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.51

Date of Receipt 04 / 08 / 2016  
**Transaction ID : A2016-518336**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**C. Mr. Aleksey N Kurmakov**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2413 Tofree Drive  
 City Harrisburg State PA Zip Code 17112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.44

Date of Receipt 04 / 22 / 2016  
**Transaction ID : A2016-684405**  
 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: PAGE 28 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mary Lacey**

Mailing Address 44 Sunfire Avenue

City State Zip Code  
Camp Hill PA 17011

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

Name of Employer Occupation  
Select Medical Corporation VP

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
538.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2016  
**Transaction ID : A2016-518392**

Amount of Each Receipt this Period  
76.93

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Mary Lacey**

Mailing Address 44 Sunfire Avenue

City State Zip Code  
Camp Hill PA 17011

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

Name of Employer Occupation  
Select Medical Corporation VP

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
615.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2016  
**Transaction ID : A2016-684432**

Amount of Each Receipt this Period  
76.93

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mr. Bernard Lewandowski**

Mailing Address 26 Joseph Drive

City State Zip Code  
Boiling Springs PA 17007

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
538.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2016  
**Transaction ID : A2016-518337**

Amount of Each Receipt this Period  
76.93

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.79

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 46
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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. Mr. Bernard Lewandowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 Joseph Drive  
 City Boiling Springs State PA Zip Code 17007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.44

Date of Receipt 04 / 22 / 2016  
**Transaction ID : A2016-684427**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. Ms. Lauren B Lindley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36 Indian Bayou Drive  
 City Destin State FL Zip Code 32541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President of Operations (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.29

Date of Receipt 04 / 01 / 2016  
**Transaction ID : A2016-518294**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Ms. Lauren B Lindley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36 Indian Bayou Drive  
 City Destin State FL Zip Code 32541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President of Operations (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.76

Date of Receipt 04 / 15 / 2016  
**Transaction ID : A2016-653226**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	153.87
<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 46
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Ms. Lauren B Lindley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36 Indian Bayou Drive  
 City Destin State FL Zip Code 32541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President of Operations (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt 04 / 29 / 2016  
**Transaction ID : A2016-702052**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**B. Mr. Michael F Malatesta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4145 Serenity Street  
 City Schwenksville State PA Zip Code 19473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 04 / 08 / 2016  
**Transaction ID : A2016-518338**  
 Amount of Each Receipt this Period 115.38  
 Memo Item

**C. Mr. Michael F Malatesta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4145 Serenity Street  
 City Schwenksville State PA Zip Code 19473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.04

Date of Receipt 04 / 22 / 2016  
**Transaction ID : A2016-684414**  
 Amount of Each Receipt this Period 115.38  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	269.23
<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 31 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Michael H McAlister**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5950 Fishing Creek Road  
 City Nolensville State TN Zip Code 37135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.51

Date of Receipt 04 / 08 / 2016  
**Transaction ID : A2016-518343**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. Mr. Michael H McAlister**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5950 Fishing Creek Road  
 City Nolensville State TN Zip Code 37135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.44

Date of Receipt 04 / 22 / 2016  
**Transaction ID : A2016-684459**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**C. Mr. Michael T McGovern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2452 Club Road  
 City Columbus State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt 04 / 08 / 2016  
**Transaction ID : A2016-518344**  
 Amount of Each Receipt this Period 115.39  
 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: PAGE 32 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Michael T McGovern**

Mailing Address 2452 Club Road

City State Zip Code  
Columbus OH 43221

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
923.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2016  
**Transaction ID : A2016-684404**

Amount of Each Receipt this Period  
115.39

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Mr. James McNulty**

Mailing Address 208 Woodside Avenue

City State Zip Code  
Narberth PA 19072

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

Name of Employer Occupation  
Select Medical Corporation Senior Vice President of Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2016  
**Transaction ID : A2016-518345**

Amount of Each Receipt this Period  
115.39

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mr. James McNulty**

Mailing Address 208 Woodside Avenue

City State Zip Code  
Narberth PA 19072

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

Name of Employer Occupation  
Select Medical Corporation Senior Vice President of Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
923.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2016  
**Transaction ID : A2016-684413**

Amount of Each Receipt this Period  
115.39

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 346.17

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



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

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

FOR LINE NUMBER: PAGE 33 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mrs. Sharon A Noro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 3rd Street  
 City State Zip Code  
 Aspinwall PA 15215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2016  
**Transaction ID : A2016-518348**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Mrs. Sharon A Noro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 3rd Street  
 City State Zip Code  
 Aspinwall PA 15215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 923.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2016  
**Transaction ID : A2016-684455**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Mr. William L Pegler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4714 Gettysburg Road  
 City State Zip Code  
 Mechanicsburg PA 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President, Operations (Ex) - 0  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2016  
**Transaction ID : A2016-518390**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 346.17  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 34 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. William L Pegler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4714 Gettysburg Road  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President, Operations (Ex) - 0  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt 04 / 22 / 2016  
**Transaction ID : A2016-684489**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Ms. Chandelle L Rhodes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20528 Lagoona Drive  
 City Cornelius State NC Zip Code 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.29

Date of Receipt 04 / 08 / 2016  
**Transaction ID : A2016-518357**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Ms. Chandelle L Rhodes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20528 Lagoona Drive  
 City Cornelius State NC Zip Code 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.76

Date of Receipt 04 / 22 / 2016  
**Transaction ID : A2016-684448**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 192.33  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Brian R Rusignuolo**  
 Full Name (Last, First, Middle Initial)  
 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 Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.17

Date of Receipt 04 / 08 / 2016  
**Transaction ID : A2016-518360**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Mr. Brian R Rusignuolo**  
 Full Name (Last, First, Middle Initial)  
 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 Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.48

Date of Receipt 04 / 22 / 2016  
**Transaction ID : A2016-684417**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Mr. Jeffrey J Ruskan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 Beechwood Drive  
 City Richmond State VA Zip Code 23229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.51

Date of Receipt 04 / 08 / 2016  
**Transaction ID : A2016-518361**  
 Amount of Each Receipt this Period 76.93  
 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: PAGE 36 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. Jeffrey J Ruskan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 Beechwood Drive  
 City Richmond State VA Zip Code 23229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.44

Date of Receipt 04 / 22 / 2016  
**Transaction ID : A2016-684484**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. Ms. Beth R Sarfaty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 Wall Street  
 City West Long Branch State NJ Zip Code 07764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation VP Clinical Svcs & Quality Mgmt (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.29

Date of Receipt 04 / 01 / 2016  
**Transaction ID : A2016-518296**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Ms. Beth R Sarfaty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 Wall Street  
 City West Long Branch State NJ Zip Code 07764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation VP Clinical Svcs & Quality Mgmt (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.76

Date of Receipt 04 / 15 / 2016  
**Transaction ID : A2016-653228**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 153.87  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 34 Wall Street

City State Zip Code  
West Long Branch NJ 07764

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.23

Date of Receipt  
04 / 29 / 2016  
**Transaction ID : A2016-702054**

Amount of Each Receipt this Period  
38.47

Memo Item

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

Mailing Address 16 Lake Village Court

City State Zip Code  
Johnson City TN 37601

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.73

Date of Receipt  
04 / 08 / 2016  
**Transaction ID : A2016-518362**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 16 Lake Village Court

City State Zip Code  
Johnson City TN 37601

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
923.12

Date of Receipt  
04 / 22 / 2016  
**Transaction ID : A2016-684442**

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: PAGE 38 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mrs. Gloria J Skinner**

Mailing Address 1685 North 700 West

City Columbus State IN Zip Code 47201

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **807.73**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 08 / 2016**

**Transaction ID : A2016-518364**

Amount of Each Receipt this Period  
**115.39**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Mrs. Gloria J Skinner**

Mailing Address 1685 North 700 West

City Columbus State IN Zip Code 47201

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **923.12**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 22 / 2016**

**Transaction ID : A2016-684407**

Amount of Each Receipt this Period  
**115.39**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mr. Jon C Skinner**

Mailing Address 2524 Matterhorn Ln

City Flower Mound State TX Zip Code 75022-7879

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **807.73**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 08 / 2016**

**Transaction ID : A2016-518363**

Amount of Each Receipt this Period  
**115.39**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **346.17**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Mr. Jon C Skinner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2524 Matterhorn Ln  
 City Flower Mound State TX Zip Code 75022-7879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 923.12

Date of Receipt  
 04 / 22 / 2016  
**Transaction ID : A2016-684472**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Mr. John J St. Leger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 634 Blue Ridge Road  
 City Pittsburgh State PA Zip Code 15239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 538.51

Date of Receipt  
 04 / 08 / 2016  
**Transaction ID : A2016-518368**  
 Amount of Each Receipt this Period  
 76.93  
 Memo Item

**C. Mr. John J St. Leger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 634 Blue Ridge Road  
 City Pittsburgh State PA Zip Code 15239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 615.44

Date of Receipt  
 04 / 22 / 2016  
**Transaction ID : A2016-684452**  
 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 40 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

**A. Justin E Stover**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1619 Fox Follow Raod  
 City Mechicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt  
 04 / 08 / 2016  
**Transaction ID : A2016-518393**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Justin E Stover**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1619 Fox Follow Raod  
 City Mechicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt  
 04 / 22 / 2016  
**Transaction ID : A2016-684419**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Mr. Thomas N Therout**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10240 Madison  
 City Omaha State NE Zip Code 68127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt  
 04 / 08 / 2016  
**Transaction ID : A2016-518373**  
 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 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Thomas N Therout**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10240 Madison  
 City State Zip Code  
 Omaha NE 68127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 923.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2016  
**Transaction ID : A2016-684409**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Mr. Patrick W Tuer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4321 Fir Street  
 City State Zip Code  
 East Chicago IN 46312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation CEO/Administrator (Ex) - 001  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2016  
**Transaction ID : A2016-518391**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Mr. Patrick W Tuer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4321 Fir Street  
 City State Zip Code  
 East Chicago IN 46312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation CEO/Administrator (Ex) - 001  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 923.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2016  
**Transaction ID : A2016-684492**  
 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 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Mr. Timothy C Wadman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 204 Babbling Brook Drive  
 City Saint Charles State MO Zip Code 63303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **538.51**

Date of Receipt **04 / 08 / 2016**  
**Transaction ID : A2016-518377**  
 Amount of Each Receipt this Period **76.93**  
 Memo Item

**B. Mr. Timothy C Wadman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 204 Babbling Brook Drive  
 City Saint Charles State MO Zip Code 63303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **615.44**

Date of Receipt **04 / 22 / 2016**  
**Transaction ID : A2016-684477**  
 Amount of Each Receipt this Period **76.93**  
 Memo Item

**C. Mr. Frank J Weber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 456 Sorrel Lane  
 City Milton State WV Zip Code 25541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **538.51**

Date of Receipt **04 / 08 / 2016**  
**Transaction ID : A2016-518380**  
 Amount of Each Receipt this Period **76.93**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>230.79</b>
<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 43 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Frank J Weber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 456 Sorrel Lane  
 City Milton State WV Zip Code 25541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.44

Date of Receipt 04 / 22 / 2016  
**Transaction ID : A2016-684446**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. Mr. Brian J Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9670 Rod Road  
 City Alpharetta State GA Zip Code 30022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt 04 / 08 / 2016  
**Transaction ID : A2016-518382**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Mr. Brian J Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9670 Rod Road  
 City Alpharetta State GA Zip Code 30022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt 04 / 22 / 2016  
**Transaction ID : A2016-684398**  
 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).....▶	10577.57

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

Full Name (Last, First, Middle Initial)

**A. Georgians for Isakson**

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement  
Contribution

011

Candidate Name

**Johnny Isakson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 07 / 2016

**Transaction ID : B598506**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Charles Boustany Jr MD for Senate Inc**

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement  
Contribution

011

Candidate Name

**Charles W Boustany Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 18 / 2016

**Transaction ID : B598310**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Charles Boustany Jr MD for Senate Inc**

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement  
Contribution

011

Candidate Name

**Charles W Boustany Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 18 / 2016

**Transaction ID : B599311**

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. The Richard Burr Committee**

Mailing Address PO Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Richard Burr**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2016

Transaction ID : **B598505**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Next Century Fund**

Mailing Address 116 S ROYAL STREET

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Not Applicable

Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2016

Transaction ID : **B600282**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. The Richard Burr Committee**

Mailing Address PO Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Richard Burr**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Debt Ret Primary

Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2016

Transaction ID : **B600300**

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. National Rep. Senatorial Cmte**

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Not Applicable

Date of Disbursement

/  /

**Transaction ID : B598504**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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