

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Select Medical Corporation PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

Election on  /  /  in the State of

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

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Walters, William, , ,

Type or Print Name of Treasurer

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

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

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

FEC Form 3X (Rev. 05/2016)

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="2020"/>	<input type="text" value=""/>	<input type="text" value="63522.87"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="17101.32"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="14481.51"/>	<input type="text" value="49059.96"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="31582.83"/>	<input type="text" value="112582.83"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15000.00"/>	<input type="text" value="96000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="16582.83"/>	<input type="text" value="16582.83"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Select Medical Corporation PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14308.35	42309.23
(ii) Unitemized .....	173.16	6750.73
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	14481.51	49059.96
(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) .....	14481.51	49059.96
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)).....▶	14481.51	49059.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14481.51	49059.96

**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.....	15000.00	96000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15000.00	96000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15000.00	96000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	14481.51	49059.96
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14481.51	49059.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 47
	<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. Bencomo, Dionisio, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2851 SW 137 Court

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

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

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 / 03 / 2020  
**Transaction ID : A2020-620729**

Amount of Each Receipt this Period  
 115.39

Memo Item

**B. Bencomo, Dionisio, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2851 SW 137 Court

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
923.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2020  
**Transaction ID : A2020-820339**

Amount of Each Receipt this Period  
 115.39

Memo Item

**C. Bencomo, Dionisio, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2851 SW 137 Court

City Miami	State FL	Zip Code 33175
---------------	-------------	-------------------

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

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

Aggregate Year-to-Date ▼  
1038.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2020  
**Transaction ID : A2020-875460**

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 7 OF 47
	<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. Bolcavage, Theodore, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 207 Bryant St  
 City Mechanicsburg State PA Zip Code 17050-4148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt 04 / 03 / 2020  
**Transaction ID : A2020-620714**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Bolcavage, Theodore, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 207 Bryant St  
 City Mechanicsburg State PA Zip Code 17050-4148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt 04 / 17 / 2020  
**Transaction ID : A2020-820365**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Bolcavage, Theodore, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 207 Bryant St  
 City Mechanicsburg State PA Zip Code 17050-4148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt 05 / 01 / 2020  
**Transaction ID : A2020-875445**  
 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 8 OF 47
	<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. Bradley, Daniel, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2261 Turk Road

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2020

**Transaction ID : A2020-620722**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 2261 Turk Road

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

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

Aggregate Year-to-Date ▼  
1538.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2020

**Transaction ID : A2020-820373**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 2261 Turk Road

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

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

Aggregate Year-to-Date ▼  
1730.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2020

**Transaction ID : A2020-875453**

Amount of Each Receipt this Period  
192.31

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Cannon, Matthew, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19073 Twilight Trl  
 City Eden Prairie State MN Zip Code 55346-4047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt **04 / 03 / 2020**  
**Transaction ID : A2020-620747**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Cannon, Matthew, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19073 Twilight Trl  
 City Eden Prairie State MN Zip Code 55346-4047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt **04 / 17 / 2020**  
**Transaction ID : A2020-820357**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Cannon, Matthew, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19073 Twilight Trl  
 City Eden Prairie State MN Zip Code 55346-4047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt **05 / 01 / 2020**  
**Transaction ID : A2020-875478**  
 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 10 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Chambers, Jason, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1415 Aaron Creek Drive  
 City Fisherville State KY Zip Code 40023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt **04 / 03 / 2020**  
**Transaction ID : A2020-620725**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Chambers, Jason, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1415 Aaron Creek Drive  
 City Fisherville State KY Zip Code 40023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt **04 / 17 / 2020**  
**Transaction ID : A2020-820376**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Chambers, Jason, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1415 Aaron Creek Drive  
 City Fisherville State KY Zip Code 40023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt **05 / 01 / 2020**  
**Transaction ID : A2020-875456**  
 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 11 OF 47
<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. Chernow, David, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 700 Gladstone Court

City Mechanicsburg	State PA	Zip Code 17055
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2020

**Transaction ID : A2020-620740**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 700 Gladstone Court

City Mechanicsburg	State PA	Zip Code 17055
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1538.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2020

**Transaction ID : A2020-820350**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 700 Gladstone Court

City Mechanicsburg	State PA	Zip Code 17055
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
1730.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2020

**Transaction ID : A2020-875471**

Amount of Each Receipt this Period  
192.31

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 12 OF 47  
(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. Deemer, Miriam, R, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 285 Merriweather Rd  
 City Grosse Pointe Farms State MI Zip Code 48236-3428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt 04 / 03 / 2020  
**Transaction ID : A2020-620742**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Deemer, Miriam, R, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 285 Merriweather Rd  
 City Grosse Pointe Farms State MI Zip Code 48236-3428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt 04 / 17 / 2020  
**Transaction ID : A2020-820352**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Deemer, Miriam, R, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 285 Merriweather Rd  
 City Grosse Pointe Farms State MI Zip Code 48236-3428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt 05 / 01 / 2020  
**Transaction ID : A2020-875473**  
 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 13 OF 47
	<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	<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. DeGumbia, David, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 383 Pattonwood Dr

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2020

**Transaction ID : A2020-620738**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 383 Pattonwood Dr

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
923.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2020

**Transaction ID : A2020-820348**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 383 Pattonwood Dr

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2020

**Transaction ID : A2020-875469**

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 14 OF 47
<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. Dehoff, James, L, Jr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1317 Abington Way

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2020

**Transaction ID : A2020-620712**

Amount of Each Receipt this Period  
192.31

Memo Item

**B. Dehoff, James, L, Jr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1317 Abington Way

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1538.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2020

**Transaction ID : A2020-820363**

Amount of Each Receipt this Period  
192.31

Memo Item

**C. Dehoff, James, L, Jr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1317 Abington Way

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1730.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2020

**Transaction ID : A2020-875443**

Amount of Each Receipt this Period  
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 47
	<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. Dishner, Kerry, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 202 Downing Pl  
 Suite 1050  
 City Mechanicsburg State PA Zip Code 17050-6881  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt 04 / 03 / 2020  
**Transaction ID : A2020-620741**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Dishner, Kerry, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 202 Downing Pl  
 Suite 1050  
 City Mechanicsburg State PA Zip Code 17050-6881  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt 04 / 17 / 2020  
**Transaction ID : A2020-820351**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Dishner, Kerry, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 202 Downing Pl  
 Suite 1050  
 City Mechanicsburg State PA Zip Code 17050-6881  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt 05 / 01 / 2020  
**Transaction ID : A2020-875472**  
 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 16 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Farley, Kyle, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13316 E 93rd St  
 City Kansas City State MO Zip Code 64138-5000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.29

Date of Receipt 04 / 03 / 2020  
**Transaction ID : A2020-620737**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**B. Farley, Kyle, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13316 E 93rd St  
 City Kansas City State MO Zip Code 64138-5000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.76

Date of Receipt 04 / 17 / 2020  
**Transaction ID : A2020-820347**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Farley, Kyle, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13316 E 93rd St  
 City Kansas City State MO Zip Code 64138-5000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt 05 / 01 / 2020  
**Transaction ID : A2020-875468**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 47
	<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. Fucci, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5024 Westbury Farms Dr  
 City Erie State PA Zip Code 16506-6120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt **04 / 03 / 2020**  
**Transaction ID : A2020-620750**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Fucci, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5024 Westbury Farms Dr  
 City Erie State PA Zip Code 16506-6120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt **04 / 17 / 2020**  
**Transaction ID : A2020-820360**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Fucci, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5024 Westbury Farms Dr  
 City Erie State PA Zip Code 16506-6120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt **05 / 01 / 2020**  
**Transaction ID : A2020-875481**  
 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 18 OF 47
	<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. Hammerman, Samuel, I, Doctor, I.**

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

Mailing Address 6 Windy Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2020

**Transaction ID : A2020-620744**

Amount of Each Receipt this Period  
192.31

Memo Item

**B. Hammerman, Samuel, I, Doctor, I.**

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

Mailing Address 6 Windy Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1538.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2020

**Transaction ID : A2020-820354**

Amount of Each Receipt this Period  
192.31

Memo Item

**C. Hammerman, Samuel, I, Doctor, I.**

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

Mailing Address 6 Windy Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1730.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2020

**Transaction ID : A2020-875475**

Amount of Each Receipt this Period  
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 47
	<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. Jackson, Martin, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Ellesmere Lane

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1346.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2020  
**Transaction ID : A2020-620713**

Amount of Each Receipt this Period  
 192.31

Memo Item

**B. Jackson, Martin, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Ellesmere Lane

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1538.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2020  
**Transaction ID : A2020-820364**

Amount of Each Receipt this Period  
 192.31

Memo Item

**C. Jackson, Martin, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Ellesmere Lane

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1730.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2020  
**Transaction ID : A2020-875444**

Amount of Each Receipt this Period  
 192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. James, Stephanie, R, Ms.,</b>			Date of Receipt MM / DD / YYYY 04 / 03 / 2020 <b>Transaction ID : A2020-620739</b>
Mailing Address 740 Parkins Mill Rd.			Amount of Each Receipt this Period 115.39
City Greenville	State SC	Zip Code 29607	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 807.73	
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. James, Stephanie, R, Ms.,</b>			Date of Receipt MM / DD / YYYY 04 / 17 / 2020 <b>Transaction ID : A2020-820349</b>
Mailing Address 740 Parkins Mill Rd.			Amount of Each Receipt this Period 115.39
City Greenville	State SC	Zip Code 29607	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 923.12	
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. James, Stephanie, R, Ms.,</b>			Date of Receipt MM / DD / YYYY 05 / 01 / 2020 <b>Transaction ID : A2020-875470</b>
Mailing Address 740 Parkins Mill Rd.			Amount of Each Receipt this Period 115.39
City Greenville	State SC	Zip Code 29607	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1038.51	
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<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 21 OF 47  
(check only one)

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

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

Mailing Address 1750 Eliza Way

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
538.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2020

**Transaction ID : A2020-620728**

Amount of Each Receipt this Period  
76.93

Memo Item

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

Mailing Address 1750 Eliza Way

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
615.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2020

**Transaction ID : A2020-820338**

Amount of Each Receipt this Period  
76.93

Memo Item

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

Mailing Address 1750 Eliza Way

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
692.37

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2020

**Transaction ID : A2020-875459**

Amount of Each Receipt this Period  
76.93

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 47
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Kurmakov, Aleksey, N, Mr.,</b>			Date of Receipt MM / DD / YYYY 04 / 03 / 2020 <b>Transaction ID : A2020-620715</b>
Mailing Address 2409 W Bayberry Dr			Amount of Each Receipt this Period 115.39
City Harrisburg	State PA	Zip Code 17112-1040	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 807.73		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Kurmakov, Aleksey, N, Mr.,</b>			Date of Receipt MM / DD / YYYY 04 / 17 / 2020 <b>Transaction ID : A2020-820366</b>
Mailing Address 2409 W Bayberry Dr			Amount of Each Receipt this Period 115.39
City Harrisburg	State PA	Zip Code 17112-1040	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 923.12		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Kurmakov, Aleksey, N, Mr.,</b>			Date of Receipt MM / DD / YYYY 05 / 01 / 2020 <b>Transaction ID : A2020-875446</b>
Mailing Address 2409 W Bayberry Dr			Amount of Each Receipt this Period 115.39
City Harrisburg	State PA	Zip Code 17112-1040	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1038.51		

<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 23 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Lindley, Lauren, B, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2020

**Transaction ID : A2020-820381**

Amount of Each Receipt this Period  
38.47

Memo Item

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2020

**Transaction ID : A2020-847637**

Amount of Each Receipt this Period  
38.47

Memo Item

**C. Lindley, Lauren, B, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
384.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2020

**Transaction ID : A2020-917438**

Amount of Each Receipt this Period  
38.47

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.41
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 4145 Serenity Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2020

**Transaction ID : A2020-620721**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 4145 Serenity Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
923.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2020

**Transaction ID : A2020-820372**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 4145 Serenity Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2020

**Transaction ID : A2020-875452**

Amount of Each Receipt this Period  
115.39

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 47
	<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	<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. Marshall, Christopher, L, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4966 Cline Hollow Road

City Export	State PA	Zip Code 15632
----------------	-------------	-------------------

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

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

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		03		2020

**Transaction ID : A2020-620717**

Amount of Each Receipt this Period  

115.39
--------

 Memo Item

**B. Marshall, Christopher, L, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4966 Cline Hollow Road

City Export	State PA	Zip Code 15632
----------------	-------------	-------------------

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

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

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		17		2020

**Transaction ID : A2020-820368**

Amount of Each Receipt this Period  

115.39
--------

 Memo Item

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

Mailing Address 4966 Cline Hollow Road

City Export	State PA	Zip Code 15632
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2020

**Transaction ID : A2020-875448**

Amount of Each Receipt this Period  

115.39
--------

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 47
<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. Mullin, Thomas, P, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 St James Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2020

**Transaction ID : A2020-620733**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 215 St James Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
923.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2020

**Transaction ID : A2020-820343**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 215 St James Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2020

**Transaction ID : A2020-875464**

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 27 OF 47
	<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. Mumma, Michael, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5782 Stillwell Court

City Harrisburg	State PA	Zip Code 17112
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2020

**Transaction ID : A2020-620726**

Amount of Each Receipt this Period  
38.47

Memo Item

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

Mailing Address 5782 Stillwell Court

City Harrisburg	State PA	Zip Code 17112
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2020

**Transaction ID : A2020-820377**

Amount of Each Receipt this Period  
38.47

Memo Item

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

Mailing Address 5782 Stillwell Court

City Harrisburg	State PA	Zip Code 17112
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
346.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2020

**Transaction ID : A2020-875457**

Amount of Each Receipt this Period  
38.47

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.41
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 47
	<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. Naselli Jr., Francis, P, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 655 North Heilbron Drive

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

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

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

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	/	10	/	2020

**Transaction ID : A2020-820380**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Naselli Jr., Francis, P, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 655 North Heilbron Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2020

**Transaction ID : A2020-847636**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Naselli Jr., Francis, P, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 655 North Heilbron Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1153.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2020

**Transaction ID : A2020-917437**

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 29 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Ortenzio, Rocco, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Westwind Dr  
 City Lemoyne State PA Zip Code 17043-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.17

Date of Receipt **04 / 03 / 2020**  
**Transaction ID : A2020-620710**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Ortenzio, Rocco, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Westwind Dr  
 City Lemoyne State PA Zip Code 17043-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.48

Date of Receipt **04 / 17 / 2020**  
**Transaction ID : A2020-820361**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Ortenzio, Rocco, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Westwind Dr  
 City Lemoyne State PA Zip Code 17043-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.79

Date of Receipt **05 / 01 / 2020**  
**Transaction ID : A2020-875441**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Pegler, William, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21723 E Rowland Cir  
 City Aurora State CO Zip Code 80016-3608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt 04 / 03 / 2020  
**Transaction ID : A2020-620748**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Pegler, William, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21723 E Rowland Cir  
 City Aurora State CO Zip Code 80016-3608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt 04 / 17 / 2020  
**Transaction ID : A2020-820358**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Pegler, William, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21723 E Rowland Cir  
 City Aurora State CO Zip Code 80016-3608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt 05 / 01 / 2020  
**Transaction ID : A2020-875479**  
 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 31 OF 47
	<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. Pennacchia, Raymond, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Cold Spring Lane

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2020

**Transaction ID : A2020-620720**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 6 Cold Spring Lane

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
923.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2020

**Transaction ID : A2020-820371**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 6 Cold Spring Lane

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2020

**Transaction ID : A2020-875451**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 47
	<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	<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. Polo, Fabian, E, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7915 Glade Hill Ct

City Dallas	State TX	Zip Code 75218
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2020

**Transaction ID : A2020-620745**

Amount of Each Receipt this Period  
38.47

Memo Item

**B. Polo, Fabian, E, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7915 Glade Hill Ct

City Dallas	State TX	Zip Code 75218
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2020

**Transaction ID : A2020-820355**

Amount of Each Receipt this Period  
38.47

Memo Item

**C. Polo, Fabian, E, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7915 Glade Hill Ct

City Dallas	State TX	Zip Code 75218
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
346.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2020

**Transaction ID : A2020-875476**

Amount of Each Receipt this Period  
38.47

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.41
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 47
	<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. Pomeranz, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt **04 / 03 / 2020**  
**Transaction ID : A2020-620730**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Pomeranz, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt **04 / 17 / 2020**  
**Transaction ID : A2020-820340**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Pomeranz, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt **05 / 01 / 2020**  
**Transaction ID : A2020-875461**  
 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 34 OF 47
	<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. Rhodes, Chandelle, L, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20528 Lagoona Drive

City Cornelius	State NC	Zip Code 28031
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2020

**Transaction ID : A2020-620734**

Amount of Each Receipt this Period  
38.47

Memo Item

**B. Rhodes, Chandelle, L, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20528 Lagoona Drive

City Cornelius	State NC	Zip Code 28031
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2020

**Transaction ID : A2020-820344**

Amount of Each Receipt this Period  
38.47

Memo Item

**C. Rhodes, Chandelle, L, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20528 Lagoona Drive

City Cornelius	State NC	Zip Code 28031
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
346.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2020

**Transaction ID : A2020-875465**

Amount of Each Receipt this Period  
38.47

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.41
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 47
	<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	<input type="checkbox"/> 17

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

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

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

Mailing Address 1339 Sconsett Way

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2020

**Transaction ID : A2020-620723**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 1339 Sconsett Way

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1538.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2020

**Transaction ID : A2020-820374**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 1339 Sconsett Way

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

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1730.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2020

**Transaction ID : A2020-875454**

Amount of Each Receipt this Period  
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 47
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 304 Beechwood Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2020

**Transaction ID : A2020-620746**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 304 Beechwood Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1538.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2020

**Transaction ID : A2020-820356**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 304 Beechwood Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1730.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2020

**Transaction ID : A2020-875477**

Amount of Each Receipt this Period  
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 47
	<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. Sarfaty, Beth, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Select Medical Corporation Occupation (for Individual) VP Clinical Svcs & Quality Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.29

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2020  
**Transaction ID : A2020-620719**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**B. Sarfaty, Beth, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Select Medical Corporation Occupation (for Individual) VP Clinical Svcs & Quality Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2020  
**Transaction ID : A2020-820370**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Sarfaty, Beth, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Select Medical Corporation Occupation (for Individual) VP Clinical Svcs & Quality Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2020  
**Transaction ID : A2020-875450**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.41
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 47
	<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	<input type="checkbox"/> 17

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

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

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

Mailing Address 204 Forest Lane North

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2020

**Transaction ID : A2020-620732**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 204 Forest Lane North

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
923.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2020

**Transaction ID : A2020-820342**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 204 Forest Lane North

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2020

**Transaction ID : A2020-875463**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Singer, Deborah, L, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 Honeybelle Oval  
 City Chagrin Falls State OH Zip Code 44022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2020  
**Transaction ID : A2020-620718**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Singer, Deborah, L, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 Honeybelle Oval  
 City Chagrin Falls State OH Zip Code 44022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2020  
**Transaction ID : A2020-820369**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Singer, Deborah, L, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 Honeybelle Oval  
 City Chagrin Falls State OH Zip Code 44022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2020  
**Transaction ID : A2020-875449**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 47
	<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	<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. Skinner, Gloria, J, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1685 North 700 West

City Columbus	State IN	Zip Code 47201
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2020

**Transaction ID : A2020-620716**

Amount of Each Receipt this Period  

115.39
--------

 Memo Item

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

Mailing Address 1685 North 700 West

City Columbus	State IN	Zip Code 47201
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
923.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2020

**Transaction ID : A2020-820367**

Amount of Each Receipt this Period  

115.39
--------

 Memo Item

**C. Skinner, Gloria, J, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1685 North 700 West

City Columbus	State IN	Zip Code 47201
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2020

**Transaction ID : A2020-875447**

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 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Skinner, Jon, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 Topaz Ct  
 City Flower Mound State TX Zip Code 75022-8143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt **04 / 03 / 2020**  
**Transaction ID : A2020-620743**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Skinner, Jon, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 Topaz Ct  
 City Flower Mound State TX Zip Code 75022-8143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt **04 / 17 / 2020**  
**Transaction ID : A2020-820353**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Skinner, Jon, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 Topaz Ct  
 City Flower Mound State TX Zip Code 75022-8143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt **05 / 01 / 2020**  
**Transaction ID : A2020-875474**  
 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 42 OF 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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. Sloterbeek, Meridell, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 164 E Dawn Dr  
 City Tempe State AZ Zip Code 85284-3160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt **04 / 03 / 2020**  
**Transaction ID : A2020-620724**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Sloterbeek, Meridell, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 164 E Dawn Dr  
 City Tempe State AZ Zip Code 85284-3160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt **04 / 17 / 2020**  
**Transaction ID : A2020-820375**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Sloterbeek, Meridell, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 164 E Dawn Dr  
 City Tempe State AZ Zip Code 85284-3160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt **05 / 01 / 2020**  
**Transaction ID : A2020-875455**  
 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 43 OF 47
	<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. Streepy, Kurt, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Mattatha Drive

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2020

**Transaction ID : A2020-620727**

Amount of Each Receipt this Period  

115.39
--------

 Memo Item

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

Mailing Address 3128 Mattatha Drive

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
923.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2020

**Transaction ID : A2020-820378**

Amount of Each Receipt this Period  

115.39
--------

 Memo Item

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

Mailing Address 3128 Mattatha Drive

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2020

**Transaction ID : A2020-875458**

Amount of Each Receipt this Period  

115.39
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 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 47
	<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	<input type="checkbox"/> 17

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

**A. Wagley, Ronnie, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10305 SW 27th PI  
 City Gainesville State FL Zip Code 32608-9083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt **04 / 03 / 2020**  
**Transaction ID : A2020-620749**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Wagley, Ronnie, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10305 SW 27th PI  
 City Gainesville State FL Zip Code 32608-9083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt **04 / 17 / 2020**  
**Transaction ID : A2020-820359**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Wagley, Ronnie, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10305 SW 27th PI  
 City Gainesville State FL Zip Code 32608-9083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt **05 / 01 / 2020**  
**Transaction ID : A2020-875480**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 47
	<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. Williams, Brian, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9670 Rod Road

City Alpharetta	State GA	Zip Code 30022
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2020

**Transaction ID : A2020-620711**

Amount of Each Receipt this Period  

115.39
--------

 Memo Item

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

Mailing Address 9670 Rod Road

City Alpharetta	State GA	Zip Code 30022
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
923.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2020

**Transaction ID : A2020-820362**

Amount of Each Receipt this Period  

115.39
--------

 Memo Item

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

Mailing Address 9670 Rod Road

City Alpharetta	State GA	Zip Code 30022
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2020

**Transaction ID : A2020-875442**

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 46 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Zanke, Christopher, V, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2020  
**Transaction ID : A2020-820379**

Amount of Each Receipt this Period  
 38.47

Memo Item

**B. Zanke, Christopher, V, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2020  
**Transaction ID : A2020-847635**

Amount of Each Receipt this Period  
 38.47

Memo Item

**C. Zanke, Christopher, V, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
384.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2020  
**Transaction ID : A2020-917436**

Amount of Each Receipt this Period  
 38.47

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.41
<b>TOTAL</b> This Period (last page this line number only).....	14308.35

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Darren Soto for Congress**

Full Name (Last, First, Middle Initial)  
Darren Soto for Congress

Date of Disbursement: 04 / 28 / 2020

Mailing Address P.O. Box 420239

City: Kissimmee, State: FL, Zip Code: 34742

Purpose of Disbursement: Contribution, Category/Type: 011

Candidate Name: Soto, Darren, , ,

Office Sought:  House,  Senate,  President  
Disbursement For: 2020,  Primary,  General,  Other (specify) ▼

State: FL, District: 09

FEC Identification Number: C00581074  
Transaction ID: B762143  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. Citizens for Boyle**

Full Name (Last, First, Middle Initial)  
Citizens for Boyle

Date of Disbursement: 04 / 29 / 2020

Mailing Address PO Box 11545

City: Philadelphia, State: PA, Zip Code: 19116

Purpose of Disbursement: Contribution, Category/Type: 011

Candidate Name: Boyle, Brendan, F, ,

Office Sought:  House,  Senate,  President  
Disbursement For: 2020,  Primary,  General,  Other (specify) ▼

State: PA, District: 02

FEC Identification Number: C00543363  
Transaction ID: B762167  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. Perimeter PAC**

Full Name (Last, First, Middle Initial)  
Perimeter PAC

Date of Disbursement: 05 / 07 / 2020

Mailing Address 124 Washington Street Suite 101

City: Foxboro, State: MA, Zip Code: 02035

Purpose of Disbursement: Contribution, Category/Type: 011

Candidate Name:

Office Sought:  House,  Senate,  President  
Disbursement For: 2020,  Primary,  General,  Other (specify) ▼ Not Applicable

State: District:

FEC Identification Number: C00544254  
Transaction ID: B762471  
Amount of Each Disbursement this Period: 5000.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	15000.00