FEC FORM 3X

05/21/2020 15 : 41

PAGE 1 / 47

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

								Office Us	se Only	
1.	NAME OF COMMITTEE (in f		e or print ▼		mple: If typir the lines.	ng, type	12FE4	M5		
S	elect Medical (Corporatio	n PAC							
ADI	DRESS (number and		14 Gettysburg Road							
	Check if differ than previous reported. (AC	ly IN	lechanicsburg				PA	17055		
2.	FEC IDENTIFICA	TION NUMB	ER ▼	CITY ▲		S	STATE 🔺		ZIP CODE	A
	C C00546119		3	3. IS THIS REPORT	~	NEW N) OR		AMENDED (A)		
4.	TYPE OF REP (Choose One)	ORT (b) Monthly Report	Feb 20 (M2)	1	May 20 (M5)	A	ug 20 (M8)	(No	ov 20 (M11) on-Election ar Only)
	(a) Quarterly Repo	orts:	Due On:	Mar 20 (M3)		Jun 20 (M6)	s	ep 20 (M9)	(No	ec 20 (M12) on-Election ar Only)
	April 15 Quarterly	Report (Q1)		Apr 20 (M4)		Jul 20 (M7)	c	Oct 20 (M10)	Ja	n 31 (YE)
	July 15	Report (Q2)	(c) 12-Day PRE-Election		Primary (12P		1	ral (12G)	Ru	noff (12R)
	October 1		Report for th	e:	Convention (12C)	Speci	al (12S)		
	January 3 Year-End	1 Report (YE)	EI	ection on	M M /	02 /	2020	Ŷ	in the State of	PA
	July 31 M Report (N Year Only	on-election	(d) 30-Day POST-Election Report for th		General (300	à)	Runot	ff (30R)	Sp	ecial (30S)
	Terminatio (TER)	on Report		ection on	M = M /	D D /	YYYY	Y	in the State of	
5.	Covering Period	04		20	through	05	/ D D 13	/ Y Y 202	20	
	rtify that I have exa e or Print Name of	V	eport and to the bes /alters, William, , ,	st of my know	vledge and b	pelief it is true	e, correct	and complet	te.	
Sigr	nature of Treasurer	Walters, W			[Electronically		ate 05			2020
NOT	Office	Ise, erroneous,	or incomplete inform	nation may su	bject the pers	son signing th	IS Report t	FEC	FORM	3X
	Use Only							R	ev. 05/2016	

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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
١	Write or Type Committee Name		
	Select Medical Corporation PAC		
ŀ	Report Covering the Period: From:	04 / 01 / Y Y Y Y To:	05 / D D / Y Y Y Y 2020
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2020		63522.87
	(b) Cash on Hand at Beginning of Reporting Period	17101.32	
	(c) Total Receipts (from Line 19)	14481.51	49059.96
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	31582.83	112582.83
7.	Total Disbursements (from Line 31)	15000.00	96000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16582.83	16582.83
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10	 Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) 	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Select Medical Corporation PAC

Report Covering the Period: From:	01 / Y Y Y Y Y 01 2020 To	b: 05 / 13 / 2020
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	14308.35	42309.23
(i) Itemized (use Schedule A)		+2300.23
(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	44404 54	40050.06
Totals to Line 33, page 5)	14481.51	49059.96
2. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	
All Loans Received	0.00	0.00
	-71712121	
Lean Densymente Dessived	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
5. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. 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
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	14481.51	49059.96
, _, ., ., ., ., ., .,,	4	

20. Total Federal Receipts (subtract Line 18(c) from Line 19).......►



DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures (c) Total Operating Expenditures 0.00 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 96000.00 and Other Political Committees... 15000.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 19 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (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 Total Federal Election Activity (add (C) 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

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
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III. Net Contributions/ Operating Expenditures

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

(subtract Line 37 from Line 36)

	-7			-	14481.51
					0.00
	-9-			-7-	
					14481.51
		÷	÷	-	
L	-7			7	0.00
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				49059.96
	-7		-7	40000.00
				0.00
	- 1	-	-7	0.00
				49059.96
	- 7		- 7	43033.30
				0.00
-	-7		-7	
				0.00
-	-7	 	-7	
				0.00

COLUMN B

Calendar Year-to-Date

Page 5

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	FOR LINE NUMBER: PAGE 6 OF 47 (check only one)						
	y information copied from such Reports and Sta for commercial purposes, other than using the r							
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC							
Α.	Full Name of Individual (Last, First, Middle Initia Bencomo, Dionisio, , Mr.,	al) or Full C	Organization Name	Date of Receipt				
	Mailing Address 2851 SW 137 Court			04 03 2020				
	City	State FL	Zip Code	Transaction ID : A2020-620729				
	Miami		33175	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		115.39				
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item				
	Receipt For:	Aggregate	Year-to-Date ▼ 807.73	1				
в.	Full Name of Individual (Last, First, Middle Initia Bencomo, Dionisio, , Mr.,	al) or Full C	Organization Name	Date of Receipt				
	Mailing Address 2851 SW 137 Court	Ctoto	Zin Code	04 17 2020				
	City Miami	State FL	Zip Code 33175	Transaction ID : A2020-820339 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		115.39				
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.12]				
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Bencomo, Dionisio, , Mr.,	al) or Full C	Organization Name	Date of Receipt				
	Mailing Address 2851 SW 137 Court	1		05 / D D / Y Y Y Y 02020				
	City Miami	State FL	Zip Code 33175	Transaction ID : A2020-875460 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item				
	Receipt For:		Year-to-Date ▼					
	Primary General Other (specify)]						
s	UBTOTAL of Receipts This Page (optional)			346.17				

number only).....

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

PAGE

7 OF

ודר			Use separate schedule(s)	(ch	(check only one)						
	MIZED RECEIPTS		for each category of the Detailed Summary Page		4 11a		11b	11c	12		
	r information copied from such Reports and States or commercial purposes, other than using the n										
	NAME OF COMMITTEE (In Full)			0 10 3							
	Select Medical Corporation PAC										
	Full Name of Individual (Last, First, Middle Initia Bolcavage, Theodore, J, Mr.,	l) or Full Or	rganization Name		Date o	f Re	eceipt				
1	Mailing Address 207 Bryant St				м м 04	/	03) / Y	y y 2020	Y	
	City Mechanicsburg	State PA	Zip Code 17050-4148					A2020-6 leceipt th		d	
	FEC ID number of contributing ederal political committee.	С			<u> </u>		-		115		
\$	Name of Employer (for Individual)		ipation (for Individual) President		М	emo	tem Item				
ł	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 807.73]							
	Full Name of Individual (Last, First, Middle Initia Bolcavage, Theodore, J, Mr.,	l) or Full Or	rganization Name		Date o	f Re	eceipt				
Ī	Mailing Address 207 Bryant St		04 / Y Y Y Y 04 17 2020								
	City Machaniashura	State PA	Zip Code		Transaction ID : A2020-820365 Amount of Each Receipt this Period						
-	Mechanicsburg	17050-4148		Amoun	t of	Each F	leceipt th	is Period	3		
	FEC ID number of contributing rederal political committee.		115.39						.39		
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President		M	emo	o Item				
Ī		Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		923.12]							
	Full Name of Individual (Last, First, Middle Initia Bolcavage, Theodore, J, Mr.,	l) or Full Or	rganization Name		Date of	f Re	eceipt				
1	Mailing Address 207 Bryant St				^M 05	/	D 01) / Y	y y 2020	Y	
	City Mechanicsburg	State PA	Zip Code 17050-4148					A2020-8 leceipt th		ł	
	FEC ID number of contributing rederal political committee.			<u> </u>		y		115	.39		
:	Name of Employer (for Individual) Select Medical Corporation	ipation (for Individual) President		М	emo	o Item					
ŀ	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1038.51]							
รเ	BTOTAL of Receipts This Page (optional)			•			,	. ,	346	.17	
тс	TAL This Period (last page this line number on	ly)		•							

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 47 (check only one) Image: Check on					
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	,							
Α.	Full Name of Individual (Last, First, Middle Init Bradley, Daniel, F, Mr.,	al) or Full O	rganization Name	Date of Receipt					
	Mailing Address 2261 Turk Road			M M / D D / Y Y Y Y 04 03 2020					
	City Doylestown	State PA	Zip Code 18901	Transaction ID : A2020-620722 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		192.31					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) sident	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1346.17]					
В.	Full Name of Individual (Last, First, Middle Init Bradley, Daniel, F, Mr., Mailing Address 2261 Turk Road	al) or Full O	rganization Name	Date of Receipt					
	City Doylestown FEC ID number of contributing	State PA	Zip Code 18901	04 17 2020 Transaction ID : A2020-820373 Amount of Each Receipt this Period					
	federal political committee. Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) sident	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1538.48]					
C.	Full Name of Individual (Last, First, Middle Init Bradley, Daniel, F, Mr., Mailing Address 2261 Turk Road	al) or Full O	rganization Name	Date of Receipt					
	City Doylestown	State PA	Zip Code 18901	05 01 2020 Transaction ID : A2020-875453 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		192.31					
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Pres	upation (for Individual) sident Year-to-Date ▼ 1730.79	Memo Item					
s	UBTOTAL of Receipts This Page (optional)			576.93					

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		1	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 47 (check only one) Image: state stat			
	y information copied from such Reports and Sta for commercial purposes, other than using the r				erson for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC							
Α.	Full Name of Individual (Last, First, Middle Initia Cannon, Matthew, D, ,	al) or Full C	Orga	nization Name	Date of Receipt			
	Mailing Address 19073 Twilight Trl				04 / D D / Y Y Y Y Y 02020			
	City	State MN		Zip Code	Transaction ID : A2020-620747			
	Eden Prairie	IVIIN		55346-4047	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С			115.39			
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) esident	Memo Item			
	Receipt For:	Aggregate	Yea	ur-to-Date ▼				
	Other (specify) ▼		-	807.73				
В.	Full Name of Individual (Last, First, Middle Initia Cannon, Matthew, D, ,	al) or Full C	Orga	nization Name	Date of Receipt			
	Mailing Address 19073 Twilight Trl	04 17 2020						
	City	State		Zip Code	Transaction ID : A2020-820357			
	Eden Prairie	MN		55346-4047	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С			115.39			
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) esident	Memo Item			
	Receipt For:	Aggregate	Yea	ar-to-Date ▼				
	Primary General Other (specify) ▼		,	923.12	1			
с.	Full Name of Individual (Last, First, Middle Initia Cannon, Matthew, D, ,	al) or Full C	Orga	nization Name	Date of Receipt			
	Mailing Address 19073 Twilight Trl	Otata		7:- 0- 4-	05 / 01 / Y Y Y Y 05 / 01 / 2020			
	City Eden Prairie	State MN		Zip Code 55346-4047	Transaction ID : A2020-875478			
	FEC ID number of contributing federal political committee.	С	1		Amount of Each Receipt this Period			
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual)	Memo Item			
	Receipt For:				_			
	Primary General	Ayyregate	rea	ar-to-Date ▼	1			
	Other (specify)	Other (specify)						
s	UBTOTAL of Receipts This Page (optional)				346.17			

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 OF 47 (check only one) Image: Check only one in the image: Check only one in th
	y information copied from such Reports and Sta for commercial purposes, other than using the r			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Chambers, Jason, S, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1415 Aaron Creek Drive	1-		04 / D D / Y Y Y Y 2020
	City Fisherville	State KY	Zip Code 40023	Transaction ID : A2020-620725 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 807.73	
В.	Full Name of Individual (Last, First, Middle Initia Chambers, Jason, S, Mr.,	al) or Full C	Organization Name	Date of Receipt
5.	Mailing Address 1415 Aaron Creek Drive	04 17 2020		
	City Fisherville	State KY	Zip Code 40023	Transaction ID : A2020-820376 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.12	
— с.	Full Name of Individual (Last, First, Middle Initia Chambers, Jason, S, Mr.,	al) or Full C	Organization Name	Date of Receipt
-	Mailing Address 1415 Aaron Creek Drive			05 01 Y Y Y Y 2020
	City Fisherville	State KY	Zip Code 40023	Transaction ID : A2020-875456 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1038.51	
s	UBTOTAL of Receipts This Page (optional)			▶ 346.17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 OF 47 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	C		
Full Name of Individual (Last, First, Middle Ini A. Chernow, David, S, Mr.,	itial) or Full C	Organization Name	Date of Receipt
Mailing Address 700 Gladstone Court			04 03 Y Y Y Y Y 2020
City	State	Zip Code	Transaction ID : A2020-620740
Mechanicsburg	PA	17055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.31
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) sident	Memo Item
Receipt For:			
Primary General	Aggregate	Year-to-Date ▼	_
Other (specify) V		1346.17	
Full Name of Individual (Last, First, Middle Ini B. Chernow, David, S, Mr.,	itial) or Full C	Organization Name	Date of Receipt
Mailing Address 700 Gladstone Court			04 17 2020
City	State	Zip Code	Transaction ID : A2020-820350
Mechanicsburg	PA	17055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.31
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) sident	Memo Item
Receipt For: Primary General	Aggregate	Year-to-Date ▼	_
Other (specify) ▼	L	1538.48	
C. Full Name of Individual (Last, First, Middle Ini Chernow, David, S, Mr.,	itial) or Full C	Organization Name	Date of Receipt
Mailing Address 700 Gladstone Court			M M / D D / Y Y Y Y 05 01 2020
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2020-875471
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual)		upation (for Individual)	Memo Item
Select Medical Corporation	Pres	sident	
Receipt For:	Aggregate	Year-to-Date 🔻	
Other (specify)		1730.79]
SUBTOTAL of Receipts This Page (optional)			576.93

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 OF 47 (check only one) Image: state
	y information copied from such Reports and Sta for commercial purposes, other than using the n			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Deemer, Miriam, R, Mrs.,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 285 Merriweather Rd			04 03 2020
	City	State	Zip Code	Transaction ID : A2020-620742
	Grosse Pointe Farms	MI	48236-3428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		807.73	
B	Full Name of Individual (Last, First, Middle Initia Deemer, Miriam, R, Mrs.,	l) or Full O	rganization Name	Date of Receipt
υ.	Mailing Address 285 Merriweather Rd			04 17 2020
	City	State	Zip Code	Transaction ID : A2020-820352
	Grosse Pointe Farms	MI	48236-3428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		923.12]
с.	Full Name of Individual (Last, First, Middle Initia Deemer, Miriam, R, Mrs.,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 285 Merriweather Rd	Ctoto	Zin Cod-	05 / D D / Y Y Y Y 2020
	City Grosse Pointe Farms	State MI	Zip Code 48236-3428	Transaction ID : A2020-875473
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
	Receipt For:		Year-to-Date ▼	
	Primary General	Ayyreyale		
	Other (specify)	<u> </u>	1038.51	
s	UBTOTAL of Receipts This Page (optional)			346.17

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 13 OF 47 (check only one) Image: state		
	y information copied from such Reports and Sta for commercial purposes, other than using the r				erson for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC						
Α.	Full Name of Individual (Last, First, Middle Initia DeGumbia, David, J, Mr.,	ll) or Full C	Drganiz	ation Name	Date of Receipt		
	Mailing Address 383 Pattonwood Dr	1			04 / D D / Y Y Y Y Y 02020		
	City	State	Z	Zip Code	Transaction ID : A2020-620738		
	Southington	СТ		06489	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С			115.39		
	Name of Employer (for Individual) Select Medical Corporation		•	n (for Individual) ce President	Memo Item		
	Receipt For:	Aggregate					
	Primary General Other (specify) ▼			807.73			
В.	Full Name of Individual (Last, First, Middle Initia DeGumbia, David, J, Mr.,	l) or Full C	Organiz	ration Name	Date of Receipt		
	Mailing Address 383 Pattonwood Dr	04 17 2020					
	City	State	Z	Zip Code	Transaction ID : A2020-820348		
	Southington	СТ		06489	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С			115.39		
	Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President			Memo Item		
	Receipt For:	Aggregate	Year-	to-Date ▼ 923.12			
— C.	Full Name of Individual (Last, First, Middle Initia DeGumbia, David, J, Mr.,	ll) or Full C	Organiz	zation Name	Date of Receipt		
	Mailing Address 383 Pattonwood Dr	1			05 / D D / Y Y Y Y Y 05 01 2020		
	City	State CT	Z	Zip Code	Transaction ID : A2020-875469		
	Southington			06489	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С			115.39		
	Name of Employer (for Individual) Select Medical Corporation		•	n (for Individual) e President	Memo Item		
	Receipt For:	Aggregate	Year-	to-Date ▼			
	Primary General Other (specify)	liggrogato	Tour	1038.51			
s	UBTOTAL of Receipts This Page (optional)				. 346.17		

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 OF 47 (check only one) ** 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC								
Α.	Full Name of Individual (Last, First, Middle Initia Dehoff, James, L, Jr., Jr.	al) or Full C	Drganization Name	Date of Receipt					
	Mailing Address 1317 Abington Way			04 / D D / Y Y Y Y Y 2020					
	City	State	Zip Code	Transaction ID : A2020-620712					
	Mechanicsburg	PA	17050	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		192.31					
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President	Memo Item					
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General Other (specify) ▼		1346.17						
В.	Full Name of Individual (Last, First, Middle Initia Dehoff, James, L, Jr., Jr.	Drganization Name	Date of Receipt						
	Mailing Address 1317 Abington Way	04 17 2020							
	City	State	Zip Code	Transaction ID : A2020-820363					
	Mechanicsburg	PA	17050	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		192.31					
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President	Memo Item					
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼						
	Other (specify) ▼		1538.48						
с.	Full Name of Individual (Last, First, Middle Initia Dehoff, James, L, Jr., Jr.	al) or Full C	Drganization Name	Date of Receipt					
	Mailing Address 1317 Abington Way	01-1-	7. 0.1	M M / D D / Y Y Y Y 05 / 01 / 2020					
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2020-875443 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		192.31					
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President	Memo Item					
	Receipt For:								
	Primary General	Aggregate	e Year-to-Date ▼						
	Other (specify)		1730.79						
s	UBTOTAL of Receipts This Page (optional)			576.93					

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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PAGE 15 OF

••			Detailed Summary Page	×	11a 13		11b	11c		12 16	17				
	ny information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting		ntribut	ions				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC														
A.	Full Name of Individual (Last, First, Middle Initi Dishner, Kerry, R, ,	ial) or Full O	rganization Name		Date o	f Re	eceipt								
	Mailing Address 202 Downing Pl Suite 1050		7.0.1		04 03 Y Y Y Y 2020										
	City Mechanicsburg	State PA	Zip Code 17050-6881					A2020-6							
	FEC ID number of contributing federal political committee.	С					-y		_	115.3					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President		M	emo	o Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 807.73]											
B.	Full Name of Individual (Last, First, Middle Init Dishner, Kerry, R, ,	ial) or Full O	rganization Name		Date o	f Re	eceipt								
	Mailing Address 202 Downing Pl Suite 1050				04	/	D D D 17) / Y)20	Y				
	City Mechanicsburg	State PA	Zip Code 17050-6881		Transaction ID : A2020-820351 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	D number of contributing							115.39						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President		M	emo	o Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.12]											
c.	Full Name of Individual (Last, First, Middle Initi Dishner, Kerry, R, ,	ial) or Full O	rganization Name		Date o	f Re	eceipt								
	Mailing Address 202 Downing Pl Suite 1050		7.0.1		05		01		20)20	Y				
	City Mechanicsburg	State PA	Zip Code 17050-6881					A2020-8 Receipt th							
	FEC ID number of contributing federal political committee.	С			<u> </u>		y 1	9	_	115.3	39				
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President		Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1038.51]											
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate sch	nedule(s)	FOR LINE NUMBER: PAGE 16 OF 47 (check only one)			
TTEMIZED RECEIPTS			for each category Detailed Summar		X 11a 11b 11c 12			
	y information copied from such Reports and Sta for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC							
Z	Full Name of Individual (Last, First, Middle Initi	al) or Full C	Drganization Name					
Α.	Farley, Kyle, L, Mr.,	-	-		Date of Receipt			
	Mailing Address 13316 E 93rd St				04 03 / Y Y Y Y 2020			
	City Kansas City	State MO	Zip Code 64138-5000	·	Transaction ID : A2020-620737 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С			38.47			
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individua e President	al)	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	269.29				
В.	Full Name of Individual (Last, First, Middle Initi Farley, Kyle, L, Mr.,	al) or Full C	Organization Name		Date of Receipt			
	Mailing Address 13316 E 93rd St		04 17 2020					
	City Kansas City	State MO	Zip Code 64138-5000		Transaction ID : A2020-820347 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С			38.47			
	Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President			Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	307.76				
— C.	Full Name of Individual (Last, First, Middle Initi Farley, Kyle, L, Mr.,	al) or Full C	Organization Name		Date of Receipt			
	Mailing Address 13316 E 93rd St		05 / D D / Y Y Y Y 2020					
	City Kansas City	State MO	Zip Code 64138-5000		Transaction ID : A2020-875468 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С			38.47			
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individua President	al)	Memo Item			
	Receipt For:	Aggregate	Year-to-Date V					
	Other (specify)			346.23				
s	UBTOTAL of Receipts This Page (optional)			····· ►	115.41			

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SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAG	C		
/	Full Name of Individual (Last, First, Middle Ini	tial) or Full (Irganization Name	
Α.	Fucci, Thomas, , ,		rgamzatori Name	Date of Receipt
	Mailing Address 5024 Westbury Farms Dr			M M / D D / Y Y Y Y 04 03 2020
	City	State	Zip Code	Transaction ID : A2020-620750
	Erie	PA	16506-6120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation	Adn	ninistrator	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General		807.73	1
	Other (specify) v		007.73	1
_	Full Name of Individual (Last, First, Middle In	itial) or Full C	organization Name	
В.	Fucci, Thomas, , ,			Date of Receipt
	Mailing Address 5024 Westbury Farms Dr	State	Zin Code	04 / D D / Y Y Y Y 2020
	City Erie	State PA	Zip Code 16506-6120	Transaction ID : A2020-820360
			10300-0120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General			1
	Other (specify) v	L	, 923.12	1
c.	Full Name of Individual (Last, First, Middle Ini Fucci, Thomas, , ,	itial) or Full C	organization Name	Date of Receipt
	Mailing Address 5024 Westbury Farms Dr			05 01 2020
	City	State	Zip Code	Transaction ID : A2020-875481
	Erie	PA	16506-6120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation		ninistrator	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify)		1038.51	
┢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			346.17

SCHEDULE A (FEC Form 3X)	
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13 14 15 16 17 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 Hammerman, Samuel, I, Doctor, I. Α. Date of Receipt Mailing Address 6 Windy Drive 2020 04 03 City Zip Code State Transaction ID : A2020-620744 PA Shavertown 18708 Amount of Each Receipt this Period FEC ID number of contributing С 192.31 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Medical Officer Select Medical Corporation Receipt For: Aggregate Year-to-Date ▼ Primary General 1346.17 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hammerman, Samuel, I, Doctor, I. Date of Receipt Mailing Address 6 Windy Drive 04 2020 17 City State Zip Code Transaction ID : A2020-820354 PA Shavertown 18708 Amount of Each Receipt this Period FEC ID number of contributing С 192.31 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation **Chief Medical Officer** Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 1538.48 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Hammerman, Samuel, I, Doctor, I. Date of Receipt Mailing Address 6 Windy Drive М 05 01 2020 City Zip Code State Transaction ID : A2020-875475 PA Shavertown 18708 Amount of Each Receipt this Period FEC ID number of contributing С 192.31 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation **Chief Medical Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.79 Other (specify) 576.93 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 OF 47 (check only one) Image: state
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	,		
Α.	Full Name of Individual (Last, First, Middle Initi Jackson, Martin, F, Mr.,	al) or Full C	rganization Name	Date of Receipt
	Mailing Address 116 Ellesmere Lane			04 03 2020
	City	State	Zip Code	Transaction ID : A2020-620713
	Mechanicsburg	PA	17055	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation		cutive Vice President	-
	Receipt For:	Aggregate	Year-to-Date ▼	-
	Primary General			1
	Other (specify) V		1346.17	
	Full Name of Individual (Last, First, Middle Initi	al) or Full C	rganization Name	
В.	, , , , ,			Date of Receipt
	Mailing Address 116 Ellesmere Lane			04 / P P P P P P P P P P P P P P P P P P
	City	State	Zip Code	Transaction ID : A2020-820364
	Mechanicsburg	PA	17055	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive Vice President	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		1538.48]
с.	Full Name of Individual (Last, First, Middle Initi Jackson, Martin, F, Mr.,	al) or Full C	rganization Name	Date of Receipt
	Mailing Address 116 Ellesmere Lane			M M / D D / Y Y Y Y 05 01 2020
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2020-875444 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive Vice President	Memo Item
	Receipt For:		Year-to-Date ▼	-
	Primary General	, iggi cgale		1
	Other (specify)	L	1730.79	1
s	UBTOTAL of Receipts This Page (optional)			576.93

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				person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	AME OF COMMITTEE (In Full) Select Medical Corporation PAC			
A	ull Name of Individual (Last, First, Middle Initi James, Stephanie, R, Ms., lailing Address 740 Parkins Mill Rd.	al) or Full C	Organization Name	Date of Receipt
_		State	Zip Code	04 03 2020 Transaction ID : A2020-620739
	Greenville	SC	29607	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		Allount of Each Hecept this Fellou 115.39
S	ame of Employer (for Individual) elect Medical Corporation		upation (for Individual) e President	Memo Item
п	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 807.73	
	ull Name of Individual (Last, First, Middle Initia James, Stephanie, R, Ms.,	al) or Full C	Organization Name	Date of Receipt
_	lailing Address 740 Parkins Mill Rd.			04 17 2020
	ity	State	Zip Code	Transaction ID : A2020-820349
	Greenville	SC	29607	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		115.39
	lame of Employer (for Individual) elect Medical Corporation		upation (for Individual) e President	Memo Item
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , , , , 923.12	
	ull Name of Individual (Last, First, Middle Initi James, Stephanie, R, Ms.,	al) or Full C	Organization Name	Date of Receipt
_	lailing Address 740 Parkins Mill Rd.			05 01 2020
	ity Greenville	State SC	Zip Code 29607	Transaction ID : A2020-875470 Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		115.39
	ame of Employer (for Individual) elect Medical Corporation		upation (for Individual) President	Memo Item
R	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1038.51	
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SCHEDULE A (FEC Form 3X) Use separate schedule(s) FOR LINE NUMBER, PAGE 21 OF 47. TEMIZED RECEIPTS Use separate schedule(s) FOR LINE NUMBER, PAGE 21 OF 47. Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose. offer than using the name and address of any policeal committee to solicit contributions from such committee. It is	~				
TEMIZED RECEIPTS tor each category of the Detailed Summary Page Image: Control to the solid or subset of the solid control totors from such committee and the solid rom such Reports and Statements may not be sold or used by any person for the purpose of soliding control totors from such committee and commercial purpose, other than using the name and address of any polical committee to solid control totors from such committee AMM OF COMMITTEE (in Full) Select Medical Corporation PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name (Key, David, F, Mr., Mailing Address 1750 Eliza Way Date of Receipt City Machanicsburg State Zip Code FAI Transaction ID: A2920-620728 Name of Employer (for Individual) Select Medical Comparison State Zip Code FAI Transaction ID: A2920-620728 Name of Employer (for Individual) Select Medical Comparison State Zip Code FAI Transaction ID: A2920-620728 Name of Employer (for Individual) Select Medical Comparison State Zip Code FAI Transaction ID: A2920-820738 Full Name of Individual Select Medical Comparison Aggregate Vear-to-Date V Transaction ID: A2920-820738 Name of Employer (for Individual) Select Medical Comparison State Zip Code FAI Transaction ID: A2920-87383 Name of Employer (for Individual) Select Medical Comparison City General Oute of Receipt IIIIs Period Transaction ID: A2920-875459<	S(CHEDULE A (FEC Form 3X)		llee separate schodulo(s)	
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ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME CF COMMITTEE (in Pui) Select Medical Corporation PAC Indiana Address 1750 Eliza Way City State Maining Address 1750 Eliza Way City State Maining Address 1750 Eliza Way City State Name of Employer (for Individual) Select Medical Corporation Recoipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Torso General City State Mechanicsburg PA PA 17050 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Aggregate Year-to-Date ▼ City State Mechanicsburg PA Pa 17050 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Name of Engloyer (for Individual) Sector Medical Corporation Sector Medical Corporation Sector Medical Corporation Sector Medical Corporation Sector Medical Corporation <	<u> </u>			<u> </u>	
Select Medical Corporation PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Key, David, F, Mr., Mailing Address 1750 Eliza Way City City Mething Address 1750 Eliza Way City Sate: Medical Corporation Becapt For: Primary City State Medical Corporation Becapt For: Point Individual (Last, First, Middle Initial) or Full Organization Name S. Key, David, F, Mr., Melling Address 1750 Eliza Way City Methanicsburg PA Tribl Name of Individual (Last, First, Middle Initial) or Full Organization Name S. Key, David, F, Mr., Melling Address 1750 Eliza Way City Maining Address 1750 Eliza Way City Methanicsburg C Pa 17050 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Select Medical Corporation Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼					
✓ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt A. Key, David, F, Mr., Date of Receipt Mailing Address 1750 Eliza Way City City PA 17050 Prior City City Name of Encloyer (for Individual) Senior Vice President Receipt For: City State Phil Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Aggregate Year-to-Date ▼ Transaction D: A2020-620728 Mailing Address 1750 Eliza Way City Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Berler Namicsburg PA 17050 FEC ID number of contributing federal political committies. City State Name of Employer (for Individual) Senior Vice President Receipt Tor: Primary General City City Mailing Address 1750 Eliza Way City State Transaction D: A2020-820338 Amount of Each Receipt The: Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 1750 Eliza Way City 615_44 <t< th=""><th>$\left \right\rangle$</th><th></th><th></th><th></th><th></th></t<>	$\left \right\rangle$				
A. Key, David, F, Mr., Date of Receipt Mailing Address 1750 Eliza Way PA City PA Mechanicsburg PA PEC ID number of contributing tederal political committee. C Name of Employer (for Individual) Serior Vice President Receipt Select Medica Corporation Aggregate Year-to-Date ▼ Other (specify) ▼ State Zip Code Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt S. Key, David, F, Mr., Mailing Address 1750 Eliza Way Date of Receipt City State Zip Code Machanicsburg PA 17050 FEC ID number of contributing tederal political committee. C Mailing Address 1750 Eliza Way C City State Zip Code Machanicsburg PA 17050 Receipt For: Manuent of Each Receipt this Pariod Mailing Address 1750 Eliza Way C City State Zip Code Primary General Occupation (for Individual) Serie Vice President Receipt this Pariod Other (speolfy) ▼	/	Select Medical Corporation PAC			
A. Key, David, F, Mr., Date of Receipt Mailing Address 1750 Eliza Way PA City PA Mechanicsburg PA PEC ID number of contributing tederal political committee. C Name of Employer (for Individual) Senior Vice President Receipt for: Select Medical Corporation Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt S. Key, David, F, Mr., Mailing Address 1750 Eliza Way Date of Individual City State Zip Code Mechanicsburg PA 17050 FEC ID number of contributing tederal political committee. C Transaction ID: A2020-82038. Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt City State Zip Code Priamage (Corporation PA 17050 FEC ID number of contributing tederal political committee. C Transaction ID: A2020-82038. Name of Individual (Last, First, Middle Initial) or Full Organization Name C Transaction ID: A2020-82048. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C Transaction ID: A2020-875459.	<u> </u>	Full Name of Individual (Last First Middle Initia	al) or Full (Prognization Name	
City State Zip Code Transaction ID: A2020-620738 Machanicsburg PA 17050 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Select Medical Corporation Senior Vice President Transaction ID: A2020-620738 Name of Employer (for Individual) Senior Vice President Transaction ID: A2020-620738 Name of Employer (for Individual) Senior Vice President Transaction ID: A2020-620738 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item S. Key, David, F, Mr., Maling Address 1750 Eliza Way Date of Receipt City State Zip Code PA 17050 Transaction ID: A2020-62038 Amount of Each Receipt Inte. Aggregate Year-to-Date ▼ Odd Name of Employer (for Individual) Senior Vice President Amount of Each Receipt Inte. Senior Vice President Aggregate Year-to-Date ▼ Transaction ID: A2020-62038 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt City Maling Address 1750 Eliza Way Odd Odd City General Otd Odd Odd Maling Address 1750 Eliza Way C Aggregate Year-to-Date ▼ Date of Receipt	Α.				Date of Receipt
City State Zip Code Transaction ID : A2020-620728 Mechanicsburg PA 17050 FC: ID number of contributing tederal political committee. C Agregate Year-to-Date ▼ Primary General State Zip Code FUI Name of Individual (Last, First, Middle Initial) or Full Organization Name Agregate Year-to-Date ▼ Date of Receipt Key, David, F, Mr., Malling Address 1750 Eliza Way City State Zip Code Name of Employer (for Individual) Sector for Individual) Sector for Individual) Sector for Individual) Sector Medical Corporation C Transaction ID : A2020-62038 Maxing Address 1750 Eliza Way City State Zip Code Primary General Occupation (for Individual) Sector for Individual) Sector for Individual) Sector Medical Corporation Occupation (for Individual) Sector for Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Date of Receipt City General Of Social Of Social Zo20 Maling Address 1750 Eliza Way <td< th=""><th></th><th>Mailing Address 1750 Eliza Way</th><th></th><th></th><th>M = M / D = D / Y = Y = Y</th></td<>		Mailing Address 1750 Eliza Way			M = M / D = D / Y = Y = Y
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federal political committee. V ////////////////////////////////////		Mechanicsburg	FA	17050	Amount of Each Receipt this Period
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Primary General Other (specify) General			Sen	nior Vice President	
Other (specify)			Aggregate	Year-to-Date ▼	
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	s	UBTOTAL of Receipts This Page (optional)			230.79

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 OF 47 (check only one) Image: state
	y information copied from such Reports and Sta for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Kurmakov, Aleksey, N, Mr.,	al) or Full C	rga	nization Name	Date of Receipt
	Mailing Address 2409 W Bayberry Dr	01-1-		7.0.0.1	04 / 03 / Y Y Y Y 2020
	City Harrisburg	State PA		Zip Code 17112-1040	Transaction ID : A2020-620715
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation		•	iion (for Individual) /ice President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 807.73]
В.	Full Name of Individual (Last, First, Middle Initia Kurmakov, Aleksey, N, Mr.,	al) or Full C	rga	nization Name	Date of Receipt
	Mailing Address 2409 W Bayberry Dr	01-1-		7.0.0.1	04 / D D / Y Y Y Y 04 17 2020
	City Harrisburg	State PA		Zip Code 17112-1040	Transaction ID : A2020-820366 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) Vice President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 923.12	
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Kurmakov, Aleksey, N, Mr.,	al) or Full C	rga	nization Name	Date of Receipt
	Mailing Address 2409 W Bayberry Dr				05 / D D / Y Y Y Y 2020
	City Harrisburg	State PA		Zip Code 17112-1040	Transaction ID : A2020-875446 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) /ice President	Memo Item
	Receipt For:	Aggregate	Yea	ur-to-Date ▼	
	Primary General Other (specify)		- J -	1038.51]
s	UBTOTAL of Receipts This Page (optional)			••••••	346.17

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 OF 47 (check only one) Image: Check o
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Lindley, Lauren, B, Ms.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 36 Indian Bayou Drive			04 / D D / Y Y Y Y 04 10 2020
	City	State	Zip Code	Transaction ID : A2020-820381
	Destin	FL	32541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President of Operations	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.76]
в.	Full Name of Individual (Last, First, Middle Initia Lindley, Lauren, B, Ms.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 36 Indian Bayou Drive			04 24 2020
	City Destin	State FL	Zip Code 32541	Transaction ID : A2020-847637 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President of Operations	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.23]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Lindley, Lauren, B, Ms.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 36 Indian Bayou Drive	-		05 / 08 / Y Y Y Y 2020
	City Destin	State FL	Zip Code 32541	Transaction ID : A2020-917438
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President of Operations	Memo Item
	Receipt For: Primary General Other (specify)	1	Year-to-Date ▼ 384.70]
s	UBTOTAL of Receipts This Page (optional)			115.41

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 OF 47 (check only one) ************************************
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Full Name of Individual (Last, First, Middle Ir A. Malatesta, Michael, F, Mr., Mailing Address 4145 Serenity Street	nitial) or Full C	Organization Name	Date of Receipt
City Schwenksville	State PA	Zip Code 19473	04 03 2020 Transaction ID : A2020-620721 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Ser	upation (for Individual) nior Vice President Year-to-Date ▼ 807.73	115.39 Memo Item
Full Name of Individual (Last, First, Middle In B. Malatesta, Michael, F, Mr., Mailing Address 4145 Serenity Street City Schwenksville FEC ID number of contributing federal political committee.	State PA	Drganization Name Zip Code 19473	Date of Receipt 04 / 17 / 2020 Transaction ID : A2020-820372 Amount of Each Receipt this Period 115.39
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Aggregate	cupation (for Individual) nior Vice President Year-to-Date ▼ 923.12	Memo Item
Full Name of Individual (Last, First, Middle Ir C. Malatesta, Michael, F, Mr., Mailing Address 4145 Serenity Street	nitial) or Full C	Organization Name	Date of Receipt
City Schwenksville FEC ID number of contributing federal political committee.	State PA	Zip Code 19473	Transaction ID : A2020-875452 Amount of Each Receipt this Period 115.39 Memo Item
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Sen	upation (for Individual) nior Vice President Year-to-Date ▼ 1038.51	

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	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
Α.	Full Name of Individual (Last, First, Middle Initi Marshall, Christopher, L, Mr.,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 4966 Cline Hollow Road			04 / D D / Y Y Y Y 03 / 2020
	City	State	Zip Code	Transaction ID : A2020-620717
	Export	PA	15632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation	Sen	ior Vice President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify)		807.73	
	Full Name of Individual (Last First Middle Initi	al) or Full O	ranization Nomo	
В.	Full Name of Individual (Last, First, Middle Initi Marshall, Christopher, L, Mr.,	al) of Full O	rganization Name	Date of Receipt
υ.	Mailing Address 4966 Cline Hollow Road			
				04 17 2020
	City	State	Zip Code	Transaction ID : A2020-820368
	Export	PA	15632	Amount of Each Receipt this Period
	FEC ID number of contributing	\mathbf{C}		445.00
	federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) nior Vice President	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			-
	Other (specify) v		, 923.12	
C.	Full Name of Individual (Last, First, Middle Initi Marshall, Christopher, L, Mr.,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 4966 Cline Hollow Road			M M / D D / Y Y Y Y 05 / 01 / 2020
	City Export	State PA	Zip Code 15632	Transaction ID : A2020-875448
			10002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	33 9		1
	Other (specify)		1038.51	1
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Full Name of Individual (Last, First, Middle <u>Mullin, Thomas, P, Mr.,</u> Mailing Address 215 St James Court	Initial) or Full C	Organization Name	(Date o	_	eceipt		Y		V
				04	<i>'</i>	03		¥ 2	2020	Y
City Mechanicsburg	State PA	Zip Code 17050				ion ID : Each F				
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Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 807.73	1							
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City Mechanicsburg	State PA	Zip Code 17050				i <mark>on ID :</mark> Each F				
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mullin, Thomas, P, Mr.

General

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Other (specify)

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City	State	Zip Code	Transaction ID : A2020-875464
Mechanicsburg	PA	17050	Amount of Each Receipt this Period
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Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
Select Medical Corporation	Chief	Operating Officer	
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City	State	Zip Code		Transa	acti	on ID :	A2020-8	20377	
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Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President		Me	emo	Item			
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City Harrisburg	State PA	Zip Code 17112					: A2020-8 Receipt th	375457 his Period	
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A.	Full Name of Individual (Last, First, Middle Initia Ortenzio, Rocco, A, Mr.,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 7 Westwind Dr				^M 04	/	03) / Y	Y 202	20	
	City Lemoyne	State PA	Zip Code 17043-1234					A2020-6 leceipt th			
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	Mailing Address 21723 E Rowland Cir			Г	м м 04	/ D 03		y y y 2020	Y
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Α.	Full Name of Individual (Last, First, Middle Initia Pomeranz, Bruce, , ,	al) or Full C	Organ	ization Name	Date of Receipt
	Mailing Address 4714 Gettysburg Rd			7: 0 1	04 / D D / Y Y Y Y 2020
	City Mechanicsburg	State PA		Zip Code 17055	Transaction ID : A2020-620730 Amount of Each Receipt this Period
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	City Mechanicsburg	State PA		Zip Code 17055	Transaction ID : A2020-820340 Amount of Each Receipt this Period
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	Mailing Address 4714 Gettysburg Rd				05 01 2020
	City Mechanicsburg	State PA		Zip Code 17055	Transaction ID : A2020-875461 Amount of Each Receipt this Period
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FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

PAGE 35 OF

47

			Use separate schedule(s)	(C	(check only one)							
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		¥ 11a 13		11b 14	11c 15		12 16	17	
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	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC)										
Α.	Full Name of Individual (Last, First, Middle Init Rusignuolo, Brian, R, Mr.,	Organization Name		Date o	f Re	eceipt						
	Mailing Address 1339 Sconsett Way				04 03 Y Y Y Y Y 04 03 2020							
	City New Cumberland	State PA	Zip Code 17070					A2020-6 Receipt th				
	FEC ID number of contributing federal political committee.	С						-	1	192.3 <i>°</i>		
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) nior Vice President		М	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1346.17									
в.	Full Name of Individual (Last, First, Middle Init Rusignuolo, Brian, R, Mr.,	ial) or Full O	Organization Name		Date o	f Re	eceipt					
	Mailing Address 1339 Sconsett Way				04	/	- 17) / Y	, 202	? 0		
	City New Cumberland	State PA	Zip Code 17070	_				A2020-8 Receipt th			_	
	FEC ID number of contributing federal political committee.	С					-			192.3′	1	
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President		М	emo	tem					
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1538.48											
с.	Full Name of Individual (Last, First, Middle Init Rusignuolo, Brian, R, Mr.,	ial) or Full O	Organization Name		Date o	f Re	eceipt					
	Mailing Address 1339 Sconsett Way				^M 05	1	01	D / Y	y 202			
	City New Cumberland	State PA	Zip Code 17070					A2020-8 Receipt th				
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	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Seni	upation (for Individual) ior Vice President Year-to-Date ▼		M	emo	o Item					
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 OF 47 (check only one) 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Ruskan, Jeffrey, J, Mr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 304 Beechwood Drive			04 03 2020
	City Richmond	State VA	Zip Code 23229	Transaction ID : A2020-620746 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		supation (for Individual) sident	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1346.17]
R R	Full Name of Individual (Last, First, Middle Initia Ruskan, Jeffrey, J, Mr.,	al) or Full C	Drganization Name	Date of Receipt
υ.	Mailing Address 304 Beechwood Drive			04 17 2020
	City Richmond	State VA	Zip Code 23229	Transaction ID : A2020-820356 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) esident	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1538.48]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Ruskan, Jeffrey, J, Mr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 304 Beechwood Drive			05 / D / Y Y Y Y 2020
	City Richmond	State VA	Zip Code 23229	Transaction ID : A2020-875477 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		supation (for Individual) sident	Memo Item
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Α.		al) or Full C	Drga	nization Name		Date of	Rec	eipt					
	Mailing Address 34 Wall Street					M M 04	/	03		Y	2020	Y	
	City West Long Branch	State NJ		Zip Code 07764		Trans					0719	od	
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в.	Full Name of Individual (Last, First, Middle Initi Sarfaty, Beth, R, Ms.,	al) or Full C	Drga	nization Name		Date of	Rec	eipt					
	Mailing Address 34 Wall Street					04	1	D 17		Y	y y 2020	Y	
	City	State		Zip Code		Trans	actio	n ID	: A20	20-82	0370		
	West Long Branch	NJ		07764	/	Amount	of E	ach I	Recei	pt this	3 Peric	bd	
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	Mailing Address 34 Wall Street	State		Zip Code		05 T ranc	/	01			2020	Y	
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Α.	Full Name of Individual (Last, First, Middle Initia Schmidt, Megan, P, Ms.,	ll) or Full C	Orgar	nization Name	Date	of Receipt				
	Mailing Address 204 Forest Lane North				04 / D D / Y Y Y Y 2020					
	City	State		Zip Code	Trar	nsaction ID : A	2020-620732			
	Blountville	TN		37617	Amou	nt of Each Re	ceipt this Peri	bd		
	FEC ID number of contributing federal political committee.	С					11	5.39		
	Name of Employer (for Individual) Select Medical Corporation			ion (for Individual) esident		Memo Item				
	Receipt For:	Aggregate	Yea	r-to-Date ▼						
	Other (specify) ▼		-7-	807.73						
В.	Full Name of Individual (Last, First, Middle Initia Schmidt, Megan, P, Ms.,	ll) or Full C	Orgar	nization Name	Date	of Receipt				
	Mailing Address 204 Forest Lane North	04		2020	Y					
	City	State		Zip Code	Trar	saction ID : A	2020-820342			
	Blountville	TN		37617	Amou	nt of Each Re	ceipt this Peri	bd		
	FEC ID number of contributing federal political committee.				115.39					
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) esident		Memo Item				
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C.	Full Name of Individual (Last, First, Middle Initia Schmidt, Megan, P, Ms.,	ll) or Full C	Drgar	nization Name	Date	of Receipt				
	Mailing Address 204 Forest Lane North				05	01	/ Y Y 2020	Ý		
	City Blountville	State TN		Zip Code 37617		nsaction ID : A				
	FEC ID number of contributing federal political committee.	С		57017	Amou	nt of Each Re		od 5.39		
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	Other (specify)		-	1038.51						
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 OF 47 (check only one) 11a 11a 11b 13 14 15 16 17
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	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
Α.	Full Name of Individual (Last, First, Middle Initi Singer, Deborah, L, Mrs.,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 195 Honeybelle Oval			M M / D D / Y Y Y Y Y 04 03 2020
	City Chagrin Falls	State OH	Zip Code 44022	Transaction ID : A2020-620718 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 807.73]
в.	Full Name of Individual (Last, First, Middle Initi Singer, Deborah, L, Mrs., Mailing Address 195 Honeybelle Oval	al) or Full C	rganization Name	Date of Receipt
	City Chagrin Falls FEC ID number of contributing federal political committee.	State OH	Zip Code 44022	04 17 2020 Transaction ID : A2020-820369 Amount of Each Receipt this Period 115.39
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Ser	upation (for Individual) nior Vice President Year-to-Date ▼ 923.12	Memo Item
<u> </u>	Full Name of Individual (Last, First, Middle Initi Singer, Deborah, L, Mrs.,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 195 Honeybelle Oval	State	Zip Code	05 / 01 / 2020 Transaction ID : A2020-875449
	Chagrin Falls	OH	44022	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Sen	upation (for Individual) ior Vice President	Memo Item
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1038.51	1
s	UBTOTAL of Receipts This Page (optional)			346.17

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 OF 47 (check only one)
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\overrightarrow{\mathbf{X}}$ 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Skinner, Gloria, J, Mrs.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1685 North 700 West			04 03 / Y Y Y Y Y 04 03
	City Columbus	State IN	Zip Code 47201	Transaction ID : A2020-620716 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Ser	upation (for Individual) nior Vice President Year-to-Date ▼	Memo Item
	Other (specify) ▼		807.73]
В.	Full Name of Individual (Last, First, Middle Initia Skinner, Gloria, J, Mrs.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1685 North 700 West	M M / D D / Y Y Y Y 04 17 2020		
	City Columbus	State IN	Zip Code 47201	Transaction ID : A2020-820367 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.12]
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Skinner, Gloria, J, Mrs.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1685 North 700 West			05 01 / Y Y Y Y 05 01 2020
	City Columbus	State IN	Zip Code 47201	Transaction ID : A2020-875447 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1038.51]
s	UBTOTAL of Receipts This Page (optional))	346.17

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 OF 47 (check only one) Image: Comparison of the second						
	y information copied from such Reports and Si for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	2								
Α.	Full Name of Individual (Last, First, Middle Init Skinner, Jon, C, Mr.,	ial) or Full C	Organization Name	Date of Receipt						
	Mailing Address 5200 Topaz Ct			04 / D D / Y Y Y Y 2020						
	City Flower Mound	State TX	Zip Code 75022-8143	Transaction ID : A2020-620743 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		115.39						
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼			upation (for Individual) e President	Memo Item						
			Year-to-Date ▼ 807.73							
В.	Full Name of Individual (Last, First, Middle Init Skinner, Jon, C, Mr., Mailing Address 5200 Topaz Ct	ial) or Full C	Organization Name	Date of Receipt						
	City	State	Zip Code	04 17 2020 Transaction ID : A2020-820353						
	Flower Mound	ТХ	75022-8143	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		115.39						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.12							
с.	Full Name of Individual (Last, First, Middle Init Skinner, Jon, C, Mr.,	ial) or Full C	Organization Name	Date of Receipt						
	Mailing Address 5200 Topaz Ct	1		05 01 / Y Y Y Y Y 05 01 2020						
	City Flower Mound	State TX	Zip Code 75022-8143	Transaction ID : A2020-875474 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		115.39						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item						
_	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1038.51							

SUBTOTAL of Receipts This Page (optional)										46.17	
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TOTAL This Period (last page this line number only)		_	_		_	_		_	_	-	_
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 OF 47 (check only one) Image: state sta
	y information copied from such Reports and St for commercial purposes, other than using the			e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
Α.	Full Name of Individual (Last, First, Middle Init Sloterbeek, Meridell, , Mrs.,	ial) or Full C	organization Name	Date of Receipt
	Mailing Address 164 E Dawn Dr	State	Zin Code	04 / 03 / 2020
	City Tempe	State AZ	Zip Code 85284-3160	Transaction ID : A2020-620724
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 807.73]
в.	Full Name of Individual (Last, First, Middle Init Sloterbeek, Meridell, , Mrs., Mailing Address 164 E Dawn Dr	ial) or Full C	organization Name	Date of Receipt
	City Tempe FEC ID number of contributing	State AZ	Zip Code 85284-3160	04 17 2020 Transaction ID : A2020-820375 Amount of Each Receipt this Period 115.39
	federal political committee. Name of Employer (for Individual) Select Medical Corporation	Occ	upation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.12]
С.	Full Name of Individual (Last, First, Middle Init Sloterbeek, Meridell, , Mrs.,	ial) or Full C	organization Name	Date of Receipt
	Mailing Address 164 E Dawn Dr			M M / D D / Y Y Y Y 05 01 2020
	City Tempe	State AZ	Zip Code 85284-3160	Transaction ID : A2020-875455 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1038.51]
s	UBTOTAL of Receipts This Page (optional)			346.17

SC	HEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 43 OF 47 (check only one)
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
A.	Full Name of Individual (Last, First, Middle Initia Streepy, Kurt, S, Mr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 3128 Mattatha Drive			04 / D D / Y Y Y Y Y 2020
	City Bloomington	State IN	Zip Code 47401	Transaction ID : A2020-620727 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 807.73]
в.	Full Name of Individual (Last, First, Middle Initia Streepy, Kurt, S, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 3128 Mattatha Drive			04 / D D / Y Y Y Y Y 2020
	City Bloomington	State IN	Zip Code 47401	Transaction ID : A2020-820378 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.12]
— c.	Full Name of Individual (Last, First, Middle Initia Streepy, Kurt, S, Mr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 3128 Mattatha Drive	1 -		05 / 01 / Y Y Y Y 05 01 2020
	City Bloomington	State IN	Zip Code 47401	Transaction ID : A2020-875458 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nor Vice President	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1038.51]
s	UBTOTAL of Receipts This Page (optional)			346.17

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)											
	y information copied from such Reports and Sta for commercial purposes, other than using the r												
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC												
Α.	Full Name of Individual (Last, First, Middle Initia Wagley, Ronnie, J, ,	al) or Full C	organization Name	Date of Receipt									
	Mailing Address 10305 SW 27th PI			04 / D D / Y Y Y Y 02020									
	City	State	Zip Code	Transaction ID : A2020-620749									
	Gainesville	FL	32608-9083	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		115.39									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item									
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General	Aggregate											
	Other (specify) V		807.73]									
в.	Full Name of Individual (Last, First, Middle Initia Wagley, Ronnie, J, ,	al) or Full C	organization Name	Date of Receipt									
	Mailing Address 10305 SW 27th PI	04 17 2020											
	City Gainesville	State FL	Zip Code 32608-9083	Transaction ID : A2020-820359 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		115.39									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item									
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General Other (specify) ▼		923.12]									
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Wagley, Ronnie, J, ,	al) or Full C	Organization Name	Date of Receipt									
	Mailing Address 10305 SW 27th Pl			05 01 Y Y Y Y Y 2020									
	City Gainesville	State FL	Zip Code 32608-9083	Transaction ID : A2020-875480 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		115.39									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item									
	Receipt For:	1											
	Primary General	Aggregate	Year-to-Date V	_									
	Other (specify)		1038.51	1									
s	UBTOTAL of Receipts This Page (optional)			346.17									

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 45 OF

	EMIZED RECEIPTS			or each category of the Detailed Summary Page		X]11a		1	1b		11c		12			
							13		14			15		16	17		
or	y information copied from such Reports and Sta for commercial purposes, other than using the r																
	NAME OF COMMITTEE (In Full)																
	Select Medical Corporation PAC																
۹.	Full Name of Individual (Last, First, Middle Initia Williams, Brian, J, Mr.,		0	Date c	of Re	ece	eipt										
	Mailing Address 9670 Rod Road																
	City	State		Zip Code	Transaction ID : A2020-620711 Amount of Each Receipt this Period												
	Alpharetta	GA		30022	_	A	Amour	t of	Ea	ach F	Rec	ceipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С			115.39												
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) /ice President	Memo Item												
	Receipt For:																
	Primary General Other (specify) ▼																
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Williams, Brian, J, Mr.,								ece	eipt							
	Mailing Address 9670 Rod Road		04 17 2020														
	City	State	Zip Code														
	Alpharetta	GA		30022		Transaction ID : A2020-820362 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.		115.39														
	Name of Employer (for Individual) Select Medical Corporation	ion (for Individual) /ice President		Memo Item													
	Receipt For: Primary General Other (specify) ▼																
	Full Name of Individual (Last, First, Middle Initia Williams, Brian, J, Mr.,	al) or Full O	rgar	nization Name			Date c	of Re	ece	eipt							
	Mailing Address 9670 Rod Road		Date of Receipt														
	City	State		Zip Code		_	Tran	sact	tior	n ID :	: A	2020-8	754	42			
	Alpharetta	GA		30022		A	Amour	it of	Ea	ach F	Rec	ceipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С	115								115.	39					
	Name of Employer (for Individual) Select Medical Corporation		Memo Item														
	Receipt For:	al Corporation Senior Vice President Aggregate Year-to-Date ▼															
	Primary General Other (specify)		-	1038.51													
	UBTOTAL of Receipts This Page (optional)						-	-	9			, ,		346.	17		

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Jse separate schedule(s) or each category of the Detailed Summary Page		NE NUMBER: only one) a 11b 14		0F 2 6	47					
	y information copied from such Reports and Sta for commercial purposes, other than using the n													
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC													
Α.	Full Name of Individual (Last, First, Middle Initia Zanke, Christopher, V, Mr.,	nization Name	Date	of Receipt										
	Mailing Address 7 Martha Court				M 0		/ Y Y 202							
	City	State PA		Zip Code	Tra	insaction ID : A	2020-820379)						
	Canonsburg		15317	Amo	unt of Each Re	ceipt this Per	riod							
	FEC ID number of contributing federal political committee.	С				1 45 1		38.47						
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) esident of Operations		Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 307.76										
	Full Name of Individual (Last, First, Middle Initia	l) or Full C	Drgai	nization Name										
В.	Zanke, Christopher, V, Mr.,	Date	of Receipt											
	Mailing Address 7 Martha Court					04 24 2020								
	City	State		Zip Code	Tra	nsaction ID : A	2020-847635	i						
	Canonsburg	PA		15317	Amo	unt of Each Re	eceipt this Per	riod						
	FEC ID number of contributing federal political committee.	С				1 7 1		38.47						
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) esident of Operations		Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 346.23										
<u> </u>	Full Name of Individual (Last, First, Middle Initia Zanke, Christopher, V, Mr.,	l) or Full C	Orgai	nization Name	Date	of Receipt								
	Mailing Address 7 Martha Court				0	05 / D D / Y Y Y Y Y 05 08 2020								
	City	State PA		Zip Code		Insaction ID : A		-						
	Canonsburg	FA		15317	Amo	unt of Each Re	ceipt this Per	riod						
	FEC ID number of contributing federal political committee.	С			38.47									
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) esident of Operations		Memo Item								
	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary General Other (specify)		-	384.70	1									
s	UBTOTAL of Receipts This Page (optional)			••••••			, 1	15.41						

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TOTAL This Period (last page this line number only)						1	1430	8.35
TOTAL This Period (last page this line number only)	 		 100	 	100			- 10 C

SCHEDULE B (FEC For ITEMIZED DISBURSEMEN	Use sepa	OR LINE NUMBER: PAGE 47 OF 43 heck only one)															
		for each category of the Detailed Summary Page					22 28b	×		27 30b							
Any information copied from such Rep or for commercial purposes, other than																	
NAME OF COMMITTEE (In Full) Select Medical Corporati	ion PAC																
Full Name (Last, First, Middle Initial A. Darren Soto for Congres	,					Date of Disbursement											
Mailing Address P.O. Box 420239			1		04 28 2020												
City Kissimmee		State FL	Zip Code 34742			FEC Identification Number											
Purpose of Disbursement Contribution				01	11		C C00581074										
Candidate Name Soto, Darren, , ,				Cate Ty			Amount of Each Disbursement this Period										
Office Sought: Senate President	Disburse x	ment For: 2 Primary Other (spec	General		•		5000.00										
State: FL District: 09			siry) v				Memo Item										
Full Name (Last, First, Middle Initial B. Citizens for Boyle)				Date of Disbursement												
Mailing Address PO Box 11545						04 29 2020											
City Philadelphia		State PA	Zip Code 19116				FEC Identification Number										
Purpose of Disbursement Contribution				C C00543363 Transaction ID : B762167													
Boyle, Brendan, F, ,				Amount of Each Disbursement this Pe													
Office Sought: X House Senate President	Disburse	nent For: 2020 Primary General					<u> </u>	000.00									
State: PA District: 02		Other (spec	sny)		Memo Item												
Full Name (Last, First, Middle Initial C. Perimeter PAC)						Date o	_				YY					
Mailing Address 124 Washington St	reet Suite 101				м м 05	/	D 0		20								
City Foxboro	State MA	Zip Code 02035				FEC Identification Number											
Purpose of Disbursement Contribution Candidate Name				C C00544254 Transaction ID : B762471 Amount of Each Disbursement this Period													
Office Sought: House Senate	Disburse	ment For: 2 Primary		5000.00													
State: District:	×	Other (spec	cify) ▼ Not Applicable		Memo Item												
SUBTOTAL of Disbursements This Pa	age (optional)										15	5000.00	٦				
TOTAL This Period (last page this lin					-				,	. ,	15	5000.00	Ī				