

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 type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input checked="" type="checkbox"/> Special (12S) | |

Election on / / in the State of

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

Election on / / in the State of

5. Covering Period / / through / /

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

Walters, William, , ,

Type or Print Name of Treasurer

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

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

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

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Select Medical Corporation PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		122587.84
(b) Cash on Hand at Beginning of Reporting Period.....	62235.82	
(c) Total Receipts (from Line 19)	8539.66	139407.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	70775.48	261995.48
7. Total Disbursements (from Line 31).....	2000.00	193220.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	68775.48	68775.48
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

Write or Type Committee Name

Select Medical Corporation PAC

Report Covering the Period: From: MM / DD / YYYY 07 / 01 / 2017 To: MM / DD / YYYY 07 / 26 / 2017

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).....	8231.83	112546.03
(ii) Unitemized	307.83	26861.61
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8539.66	139407.64
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	8539.66	139407.64
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	8539.66	139407.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8539.66	139407.64

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	20.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	20.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	198200.00
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	- 5000.00
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)) ..	2000.00	193220.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	193220.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8539.66	139407.64
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8539.66	139407.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	20.00
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	20.00

**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 54
<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. Alexander, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1667 K Street NW
 Suite 1050
 City Washington State DC Zip Code 20006
 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 ▼ 2500.03

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492884
 Amount of Each Receipt this Period 192.31
 Memo Item

B. Alverzo, Joan, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 152 Old Landing Road
 City Ocean City State MD Zip Code 21842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492906
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Anderson, Monica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1667 K Street NW
 Suite 1050
 City Washington State DC Zip Code 20006
 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 ▼ 423.17

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492930
 Amount of Each Receipt this Period 38.47
 Memo Item

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

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

Form/Schedule: SA11AI
Transaction ID :

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

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 54
	<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. Bahl, Derek, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Tavern House Hill
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1077.02

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492925
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Barker, Mary Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 Burnam Wood Court
 City Mount Laurel State NJ Zip Code 08054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492879
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Bechtel, Melinda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1667 K Street NW Suite 1050
 City Washington State DC Zip Code 20006
 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 ▼ 1077.02

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492823
 Amount of Each Receipt this Period 76.93
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 54
<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. Beckett, Kathy, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8444 Tibet Butler Dr

City Windermere	State FL	Zip Code 34786
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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 of Clinical Services
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2017

Transaction ID : A2017-1406755

Amount of Each Receipt this Period
19.24

Memo Item

B. Beckett, Kathy, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8444 Tibet Butler Dr

City Windermere	State FL	Zip Code 34786
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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 of Clinical Services
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2017

Transaction ID : A2017-1597454

Amount of Each Receipt this Period
19.24

Memo Item

C. Beers, Melissa, M, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 735 Meadow Drive

City Camp Hill	State PA	Zip Code 17011
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
461.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2017

Transaction ID : A2017-1492892

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	76.95
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 10 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Bein, Robert, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 545 Mud College Road
 City Littlestown State PA Zip Code 17340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1077.02

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492926
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Bencomo, Dionisio, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2851 SW 137 Court
 City Miami State FL Zip Code 33175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492897
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Berkstresser, Joedy, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4714 Gettysburg Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President Information Systems
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1077.02

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492835
 Amount of Each Receipt this Period 76.93
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	173.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 54
	<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. Blake, Kelly, L, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3269 Blue Goose Road

City Nicktown	State PA	Zip Code 15762
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492794

Amount of Each Receipt this Period
19.24

Memo Item

B. Boland, Torianne, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Hunters Chase

City Etters	State PA	Zip Code 17319
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492913

Amount of Each Receipt this Period
19.24

Memo Item

C. Bolcavage, Theodore, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 Stone Run Drive

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

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

Aggregate Year-to-Date ▼
1077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492860

Amount of Each Receipt this Period
76.93

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
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 12 OF 54
	<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. 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 (Ex)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2692.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492878

Amount of Each Receipt this Period
192.31

Memo Item

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

Mailing Address 613 Carrie Drive

City Dallastown	State PA	Zip Code 17313
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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 (Ex)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492885

Amount of Each Receipt this Period
76.93

Memo Item

C. Buchs, Josceylon, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1667 K Street NW
Suite 1050

City Washington	State DC	Zip Code 20006
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492857

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	307.71
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 54
	<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. Buckingham, Thomas, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Chantilly Court
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492862
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Burns, Sonda, D, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4009 North Shore Drive
 City Akron State OH Zip Code 44333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 538.58

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492821
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Butt, Zaahra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1667 K Street NW Suite 1050
 City Washington State DC Zip Code 20006
 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 ▼ 461.64

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492912
 Amount of Each Receipt this Period 38.47
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 54
	<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. Campbell, Matthew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2910 Pimlico Ln
 City Saginaw State MI Zip Code 48603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator EX
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 538.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : A2017-1492848
 Amount of Each Receipt this Period
 38.47
 Memo Item

B. Canard, Robert, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3710 Chinkapin Court
 City Columbia State MO Zip Code 65203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)
 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
 07 / 14 / 2017
Transaction ID : A2017-1492806
 Amount of Each Receipt this Period
 38.47
 Memo Item

C. Cannon, Matthew, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2882 Wexford Drive
 City Saginaw State MI Zip Code 48603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : A2017-1492832
 Amount of Each Receipt this Period
 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 54
	<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. Carnevale, Raymond, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5801 Gemini Dr. Apt. 305

City Madison	State WI	Zip Code 53718
-----------------	-------------	-------------------

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

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

Aggregate Year-to-Date ▼
1077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492826

Amount of Each Receipt this Period
76.93

Memo Item

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

Mailing Address 2971 Stanfield Avenue

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1615.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492871

Amount of Each Receipt this Period
115.39

Memo Item

C. Changet, Patricia, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6196 Grovedell

City Magnolia	State OH	Zip Code 44643
------------------	-------------	-------------------

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

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

Aggregate Year-to-Date ▼
230.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492815

Amount of Each Receipt this Period
19.24

Memo Item

SUBTOTAL of Receipts This Page (optional).....	211.56
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 16 OF 54
	<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. Chauhan, Varun, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7045 St Ursula Dr.
 City Canfield State OH Zip Code 44406
 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 ▼ 461.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : A2017-1492843
 Amount of Each Receipt this Period
 38.47
 Memo Item

B. Comer, Melinda, D, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 503 Peach Spring
 City Houston State TX Zip Code 77037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : A2017-1492867
 Amount of Each Receipt this Period
 19.24
 Memo Item

C. Costello, Jodi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1667 K Street NW Suite 1050 Suite 1050
 City Washington State DC Zip Code 20006
 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 ▼ 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : A2017-1492864
 Amount of Each Receipt this Period
 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	76.95
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 17 OF 54
<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. Curnane, Carolyn, N, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1615 Linda Drive

City West Chester	State PA	Zip Code 19380
----------------------	-------------	-------------------

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

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

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2017

Transaction ID : A2017-1492874

Amount of Each Receipt this Period
19.24

Memo Item

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

Mailing Address 1211 High Hollow

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

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

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

Aggregate Year-to-Date ▼
1615.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2017

Transaction ID : A2017-1492900

Amount of Each Receipt this Period
115.39

Memo Item

C. Davis, Lora, A, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3022 Eagle Point Way

City Tallahassee	State FL	Zip Code 32312
---------------------	-------------	-------------------

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

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

Aggregate Year-to-Date ▼
1615.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2017

Transaction ID : A2017-1492927

Amount of Each Receipt this Period
115.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.02
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 18 OF 54
	<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. Dean, Stefanie, A, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6421 Farmcrest Lane

City Harrisburg	State PA	Zip Code 17111
--------------------	-------------	-------------------

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

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

Aggregate Year-to-Date ▼
1615.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492881

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 700 Trombley

City Grosse Pointe Park	State MI	Zip Code 48230
----------------------------	-------------	-------------------

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

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

Aggregate Year-to-Date ▼
1615.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492811

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 (Ex)
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1615.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492924

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 19 OF 54
	<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. DiLullo, Robert, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 860 Beachwood Road

City Havertown	State PA	Zip Code 19083
-------------------	-------------	-------------------

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

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

Aggregate Year-to-Date ▼
538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2017

Transaction ID : A2017-1406750

Amount of Each Receipt this Period
38.47

Memo Item

B. Dishner, Kerry, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1667 K Street NW
Suite 1050

City Washington	State DC	Zip Code 20006
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
1615.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2017

Transaction ID : A2017-1492808

Amount of Each Receipt this Period
115.39

Memo Item

C. Driscoll, Philip, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38 Van Doren Way

City Belle Mead	State NJ	Zip Code 08502
--------------------	-------------	-------------------

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

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

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2017

Transaction ID : A2017-1492905

Amount of Each Receipt this Period
19.24

Memo Item

SUBTOTAL of Receipts This Page (optional).....	173.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 54
	<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. Engelhardt, David, D, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2772 Irene Circle

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

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

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

Aggregate Year-to-Date ▼
1615.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492877

Amount of Each Receipt this Period
115.39

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
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492923

Amount of Each Receipt this Period
38.47

Memo Item

C. Felps, Kathy, A, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 85115 Hwy 450

City Franklinton	State LA	Zip Code 70438
---------------------	-------------	-------------------

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

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

Aggregate Year-to-Date ▼
230.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492825

Amount of Each Receipt this Period
19.24

Memo Item

SUBTOTAL of Receipts This Page (optional).....	173.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 54
	<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. Fenn, Jeffrey, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3811 Glen Arbor Ct NE
 City Brookhaven State GA Zip Code 30319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator EX
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 538.58

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492891
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Finkbeiner, Paul, G, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Strayer Drive
 City Carlisle State PA Zip Code 17013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492858
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Finnegan, Patti, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 939 Arlington Glen Drive
 City Fenton State MO Zip Code 63026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Chief Operating Officer (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492799
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	76.95
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 22 OF 54
	<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. Gardner, Scott, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 611 Fairground Road

City Newport	State PA	Zip Code 17074
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2017

Transaction ID : A2017-1492809

Amount of Each Receipt this Period
19.24

Memo Item

B. Gasse, Suzanne, D, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3903 West Sailboat Drive

City Pembroke Pines	State FL	Zip Code 33026
------------------------	-------------	-------------------

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

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

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2017

Transaction ID : A2017-1406754

Amount of Each Receipt this Period
19.24

Memo Item

C. Gasse, Suzanne, D, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3903 West Sailboat Drive

City Pembroke Pines	State FL	Zip Code 33026
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
288.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2017

Transaction ID : A2017-1597453

Amount of Each Receipt this Period
19.24

Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.72
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 23 OF 54
	<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. Gentry, Cheryl, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3840 North Washington Boulevard

City Indianapolis	State IN	Zip Code 46205
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
500.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2017

Transaction ID : A2017-1492863

Amount of Each Receipt this Period
38.47

Memo Item

B. Gillard, Peter, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1001 Madera Court

City Allen	State TX	Zip Code 75013
---------------	-------------	-------------------

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

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

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2017

Transaction ID : A2017-1406753

Amount of Each Receipt this Period
19.24

Memo Item

C. Gillard, Peter, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1001 Madera Court

City Allen	State TX	Zip Code 75013
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
288.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2017

Transaction ID : A2017-1597452

Amount of Each Receipt this Period
19.24

Memo Item

SUBTOTAL of Receipts This Page (optional).....	76.95
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 24 OF 54
	<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. Gombotz, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Mallard Lane

City Kensington	State CT	Zip Code 06037
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2017

Transaction ID : A2017-1406752

Amount of Each Receipt this Period
19.24

Memo Item

B. Gombotz, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Mallard Lane

City Kensington	State CT	Zip Code 06037
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2017

Transaction ID : A2017-1597451

Amount of Each Receipt this Period
19.24

Memo Item

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

Mailing Address 1059 Lionsgate Lane

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1615.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2017

Transaction ID : A2017-1492814

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 54
	<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. Griesheim, Glen, E, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 6th Avenue
 City Des Moines State IA Zip Code 50314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) CEO/Administrator (Ex) - 001
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 538.58

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492836
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Grigonis, Antony, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1636 Lowell Lane
 City New Cumberland State PA Zip Code 17070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1077.02

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492801
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Hamilton, Randal, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 615 N. Bonita Avenue
 City Panama City State FL Zip Code 32401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) CEO/Administrator (Ex) - 001
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 538.58

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492929
 Amount of Each Receipt this Period 38.47
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 54
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Hammaker, Lora, K, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4714 Gettysburg Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President Tax (Ex) - 001
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt **07 / 14 / 2017**
Transaction ID : A2017-1492895
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Hammerman, Samuel, I, Doctor,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 239 Butler Street
 City Kingston State PA Zip Code 18704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Chief Medical Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2692.34

Date of Receipt **07 / 14 / 2017**
Transaction ID : A2017-1492824
 Amount of Each Receipt this Period 192.31
 Memo Item

C. Hedeman, Robin, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 W Main St PO 194
 City Brookside State NJ Zip Code 07926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt **07 / 14 / 2017**
Transaction ID : A2017-1492904
 Amount of Each Receipt this Period 19.24
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 54
	<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. Huffman, David, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2915 Arcona Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : A2017-1492909
 Amount of Each Receipt this Period
 115.39
 Memo Item

B. James, Stephanie, R, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 Parkins Mill Rd.
 City Greenville State SC Zip Code 29607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : A2017-1492803
 Amount of Each Receipt this Period
 115.39
 Memo Item

C. Jewett, Harry, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4714 Gettysburg Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President Business Developmen
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1077.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : A2017-1492839
 Amount of Each Receipt this Period
 76.93
 Memo Item

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

**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 54
	<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. Johnson, Glenn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1667 K Street NW
 Suite 1050
 City Washington State DC Zip Code 20006
 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 ▼ 211.64

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492890
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Johnston, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4798 Highgrove Rd
 City Tallahassee State FL Zip Code 32309
 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 ▼ 461.64

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492791
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Jones, Darrell, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4714 Gettysburg Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) CEO/Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1846.22

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492816
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	173.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 54
	<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. Judd, Patricia, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Pheasant Run
 City Gladstone State NJ Zip Code 07934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492903
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Keith, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 Hopper Dr.
 City Goddard State KS Zip Code 67092
 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 ▼ 461.64

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492810
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Key, David, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1286 Brayshore Drive
 City Collierville State TN Zip Code 38017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional President (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1077.02

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492894
 Amount of Each Receipt this Period 76.93
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	134.64
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 30 OF 54
	<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. Kingston, Peggy, L, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 228 Brewster
 City Rochester Hills State MI Zip Code 48309
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : A2017-1492888
 Amount of Each Receipt this Period
 19.24
 Memo Item

B. Knight, Wilma, D, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5167 Carlson Dairy Road
 City Summerfield State NC Zip Code 27358
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1615.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : A2017-1492812
 Amount of Each Receipt this Period
 115.39
 Memo Item

C. Koppenhave, Kathleen, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Woodland Ave.
 City Hershey State PA Zip Code 17033
 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 ▼ 1077.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : A2017-1492844
 Amount of Each Receipt this Period
 76.93
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	211.56
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 31 OF 54
	<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. Kozorosky, Laurie, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 730 North Marian Street

City Ebensburg	State PA	Zip Code 15931
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2017

Transaction ID : A2017-1492861

Amount of Each Receipt this Period
19.24

Memo Item

B. Kundu, Nabarun, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1667 K Street NW Suite 1050

City Washington	State DC	Zip Code 20006
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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 ▼
1615.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2017

Transaction ID : A2017-1492849

Amount of Each Receipt this Period
115.39

Memo Item

C. Kurmakov, Aleksey, N, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2413 Toftree Drive

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 (Ex)
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1615.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2017

Transaction ID : A2017-1492866

Amount of Each Receipt this Period
115.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.02
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 32 OF 54
	<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. Lacey, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Sunfire Avenue
 City Camp Hill State PA Zip Code 17011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492899
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Lewandowski, Bernard, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Joseph Drive
 City Boiling Springs State PA Zip Code 17007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492889
 Amount of Each Receipt this Period 115.39
 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 (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 538.58

Date of Receipt 07 / 07 / 2017
Transaction ID : A2017-1406751
 Amount of Each Receipt this Period 38.47
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 54
	<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. 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 (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 21 / 2017
Transaction ID : A2017-1597450
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Lutes, Adriane, L, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2371 Pullman Way
 City Hummelstown State PA Zip Code 17036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492854
 Amount of Each Receipt this Period 19.24
 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) Vice President (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492876
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	173.10
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 34 OF 54
	<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. Mann, Brian, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1060 Trevorton Road
 City Coal Township State PA Zip Code 17866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 269.36

Date of Receipt **07 / 14 / 2017**
Transaction ID : A2017-1492907
 Amount of Each Receipt this Period 19.24
 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) Officer (Ex)
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 269.36

Date of Receipt **07 / 14 / 2017**
Transaction ID : A2017-1492869
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Martoccio, Debora, A, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4511 Gulfwinds Drive
 City Lutz State FL Zip Code 33558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 269.36

Date of Receipt **07 / 14 / 2017**
Transaction ID : A2017-1492792
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 54
	<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. McAlister, Michael, H, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5950 Fishing Creek Road
 City Nolensville State TN Zip Code 37135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492797
 Amount of Each Receipt this Period 115.39
 Memo Item

B. McLain, Cynthia, G, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1120 South Albert Pike
 City Fort Smith State AR Zip Code 72903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492911
 Amount of Each Receipt this Period 115.39
 Memo Item

C. McLane, Kerry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3514 Dragons Ridge Rd
 City Panama City State FL Zip Code 32411
 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 ▼ 230.88

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492910
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.02
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 36 OF 54
	<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. McMullen, John, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 207 Beech Street
 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) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.64

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492838
 Amount of Each Receipt this Period 38.47
 Memo Item

B. McNulty, James, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 Woodside Avenue
 City Narberth State PA Zip Code 19072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492875
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Mena, Theodore, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4425 Indian Deer Rd
 City Windermere State FL Zip Code 34786
 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 ▼ 461.64

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492796
 Amount of Each Receipt this Period 38.47
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 54
	<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. Merryman, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 93 Lamont Dr.
 City Irwin State PA Zip Code 15642
 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 ▼ 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : A2017-1492893
 Amount of Each Receipt this Period
 19.24
 Memo Item

B. Metz, Amy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1247 Dog Bluff Rd
 City Galivants Ferry State SC Zip Code 29544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) CEO/Administrator (Ex) - 001
 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
 07 / 14 / 2017
Transaction ID : A2017-1492817
 Amount of Each Receipt this Period
 38.47
 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) Administrator (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : A2017-1492916
 Amount of Each Receipt this Period
 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	173.10
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 38 OF 54
	<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. Nichols, Gregory, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 608 Castlebrook Dr

City Prattville	State AL	Zip Code 36066
--------------------	-------------	-------------------

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

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

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492922

Amount of Each Receipt this Period
19.24

Memo Item

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

Mailing Address 24 3rd Street

City Aspinwall	State PA	Zip Code 15215
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
1615.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492928

Amount of Each Receipt this Period
115.39

Memo Item

C. O'Malley, Jon, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 52477 Silent Ridge Drive

City Chesterfield	State MI	Zip Code 48051
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492798

Amount of Each Receipt this Period
19.24

Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 54
	<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. Ortenzio, Rocco, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Westwind Drive
 City Lemoyne State PA Zip Code 17043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Chairman (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2692.34

Date of Receipt **07 / 14 / 2017**
Transaction ID : A2017-1492853
 Amount of Each Receipt this Period 192.31
 Memo Item

B. Pegler, William, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4714 Gettysburg Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President Operations (Ex) - 0
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt **07 / 14 / 2017**
Transaction ID : A2017-1492837
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Pennington, Kimberly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1990 Scotts Ferry RD
 City Versailles State KY Zip Code 40383
 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 ▼ 461.64

Date of Receipt **07 / 14 / 2017**
Transaction ID : A2017-1492846
 Amount of Each Receipt this Period 38.47
 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 40 OF 54
	<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. Pettrey, Lisa, J, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5625 Preswick Drive

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

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

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

Aggregate Year-to-Date ▼
538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492822

Amount of Each Receipt this Period
38.47

Memo Item

B. Plumlee, Steve, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12311 Bonnybridge Lane

City Knoxville	State TN	Zip Code 37922
-------------------	-------------	-------------------

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

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

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492887

Amount of Each Receipt this Period
19.24

Memo Item

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

Mailing Address 4713 Parkhaven Dr.

City Garland	State TX	Zip Code 75043
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492827

Amount of Each Receipt this Period
19.24

Memo Item

SUBTOTAL of Receipts This Page (optional).....	76.95
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 41 OF 54
	<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. Quinn, John, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 381 Longwood Drive
 City Meridian State MS Zip Code 39305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492802
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Radford, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15413 Monticello Drive
 City Bristol State VA Zip Code 24202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator EX
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492795
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Rhodes, Chandelle, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20528 Lagoon 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 (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 538.58

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492921
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 76.95
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 42 OF 54
	<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. Riska, Marilouise, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30093 Orchards Lane

City New Hudson	State MI	Zip Code 48165
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492819

Amount of Each Receipt this Period
38.47

Memo Item

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

Mailing Address 4851 E Augusta Avenue

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492855

Amount of Each Receipt this Period
19.24

Memo Item

C. Rolsen, Timothy, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17387 Creekside Circle

City North Royalton	State OH	Zip Code 44133
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492807

Amount of Each Receipt this Period
19.24

Memo Item

SUBTOTAL of Receipts This Page (optional).....	76.95
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 43 OF 54
	<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. Rubel, Jason, , Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2027 Sun Flower Ct.

City Chesterfield	State MO	Zip Code 63017
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2017

Transaction ID : A2017-1406756

Amount of Each Receipt this Period
19.24

Memo Item

B. Rubel, Jason, , Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2027 Sun Flower Ct.

City Chesterfield	State MO	Zip Code 63017
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2017

Transaction ID : A2017-1597455

Amount of Each Receipt this Period
19.24

Memo Item

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

Mailing Address 1339 Sconssett Way

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2692.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2017

Transaction ID : A2017-1492880

Amount of Each Receipt this Period
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 54
	<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. 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) Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1077.02

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492828
 Amount of Each Receipt this Period 76.93
 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 (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 538.58

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492873
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Schmidt, Megan, P, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Lake Village Court
 City Johnson City State TN Zip Code 37601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492915
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 54
	<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. Shovlin, Tyler, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1667 K Street NW
 Suite 1050
 City Washington State DC Zip Code 20006
 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 ▼ 1077.02

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492918
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Siffring, Connie, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2968 Church St.
 City Bettendorf State IA Zip Code 52722
 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 ▼ 538.58

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492931
 Amount of Each Receipt this Period 38.47
 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) Chief Nursing Officer (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492868
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 54
	<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 2524 Matterhorn Ln

City Flower Mound	State TX	Zip Code 75022-7879
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1615.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492813

Amount of Each Receipt this Period
115.39

Memo Item

B. Slane, Jeanne, M, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6537 Caldecott Drive

City Naples	State FL	Zip Code 34113
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492872

Amount of Each Receipt this Period
19.24

Memo Item

C. Slobozien, Mary, G, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 430 Brookwood Drive

City Palmyra	State PA	Zip Code 17078
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492883

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	173.10
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 47 OF 54
	<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. Slonaker-Wheeler, Dawne, A, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1619 55th Street NE
 City Canton State OH Zip Code 44721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt **07 / 14 / 2017**
Transaction ID : A2017-1492800
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Stover, Justin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1619 Fox Follow Raod
 City Mechicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt **07 / 14 / 2017**
Transaction ID : A2017-1492882
 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) Vice President (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt **07 / 14 / 2017**
Transaction ID : A2017-1492886
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	173.10
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 48 OF 54
	<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. Strickland, Connie, L, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1104 OakTree Drive

City Edmond	State OK	Zip Code 73025
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492859

Amount of Each Receipt this Period
19.24

Memo Item

B. Sudo, Nicoll, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1667 K Street NW
Suite 1050

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

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

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

Aggregate Year-to-Date ▼
211.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492914

Amount of Each Receipt this Period
19.24

Memo Item

C. Supplee, Linda, K, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 115 E. Willow Drive

City Zanesville	State OH	Zip Code 43701
--------------------	-------------	-------------------

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

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

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492919

Amount of Each Receipt this Period
19.24

Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.72
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 49 OF 54
	<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. Tenhengel-Deville, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 867 Balsam Loop Rd
 City Sylva State NC Zip Code 28779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator EX
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : A2017-1492830
 Amount of Each Receipt this Period
 19.24
 Memo Item

B. Therout, Thomas, N, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10240 Madison
 City Omaha State NE Zip Code 68127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 538.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : A2017-1492870
 Amount of Each Receipt this Period
 38.47
 Memo Item

C. Tuer, Patrick, W, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4321 Fir Street
 City East Chicago State IN Zip Code 46312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) CEO/Administrator (Ex) - 001
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : A2017-1492840
 Amount of Each Receipt this Period
 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	173.10
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 50 OF 54
	<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. Umbehauer, Kristy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1667 K Street NW
 Suite 1050
 City Washington State DC Zip Code 20006
 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 ▼ 269.29

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492852
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Vocaturo, Loran, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Richard Road
 City East Brunswick State NJ Zip Code 08816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492902
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Wagley, Ronnie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1667 K Street NW Suite 1050
 City Washington State DC Zip Code 20006
 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 ▼ 538.58

Date of Receipt 07 / 14 / 2017
Transaction ID : A2017-1492842
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	96.18
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 51 OF 54
	<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. Ward, Robert, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5707 TPC Parkway Apt 1626

City San Antonio	State TX	Zip Code 78261
---------------------	-------------	-------------------

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

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

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492829

Amount of Each Receipt this Period
19.24

Memo Item

B. Watts, Randall, K, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Pleasant View Drive

City Etters	State PA	Zip Code 17319
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492896

Amount of Each Receipt this Period
19.24

Memo Item

C. Weber, Frank, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 456 Sorrel Lane

City Milton	State WV	Zip Code 25541
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : A2017-1492917

Amount of Each Receipt this Period
76.93

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
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 52 OF 54
	<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. White, Andrea, F, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1817 Jacobs Lane
 City Vestavia Hills State AL Zip Code 35216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : A2017-1492820
 Amount of Each Receipt this Period
 19.24
 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) Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : A2017-1492856
 Amount of Each Receipt this Period
 115.39
 Memo Item

C. Winn, Eleyce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1667 K Street NW Suite 1050
 City Washington State DC Zip Code 20006
 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 ▼ 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : A2017-1492847
 Amount of Each Receipt this Period
 19.24
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 53 OF 54
(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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Yap, Eric, A, Mr.,

Mailing Address 6082 Castlebury Boulevard

City Hilliard	State OH	Zip Code 43026
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		14		2017

Transaction ID : A2017-1492831

Amount of Each Receipt this Period

19.24

 Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

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 Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

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 Memo Item

SUBTOTAL of Receipts This Page (optional).....	19.24
TOTAL This Period (last page this line number only).....	8231.83

**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. Strange for Senate

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 3670

City Montgomery State AL Zip Code 36109

Purpose of Disbursement Contribution
Candidate Name
Strange, Luther, , ,

Office Sought: House Senate President
Disbursement For: 2017
 Primary General Other (specify) **Special Primary**

State: AL District:

Date of Disbursement: 07 / 25 / 2017

FEC Identification Number: **C00629451**
Transaction ID : **B662103**
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Pat Meehan for Congress

Full Name (Last, First, Middle Initial)
Mailing Address 50 S. Providence Road

City Media State PA Zip Code 19063

Purpose of Disbursement Contribution
Candidate Name
Meehan, Patrick, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify)

State: PA District: 07

Date of Disbursement: 07 / 25 / 2017

FEC Identification Number: **C00466870**
Transaction ID : **B662092**
Amount of Each Disbursement this Period: 1000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement
Candidate Name

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

State: District:

Date of Disbursement: / /

FEC Identification Number: **C**

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	2000.00