

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Select Medical Corporation PAC

ADDRESS (number and street)

4714 Gettysburg Road

Check if different than previously reported. (ACC)

Mechanicsburg

PA

17055

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00546119

3. IS THIS REPORT NEW OR AMENDED

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: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on 11 / 04 / 2014 in the State of NH

5. Covering Period 10 / 16 / 2014 through 11 / 24 / 2014

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

Type or Print Name of Treasurer William Walters

Signature of Treasurer William Walters [Electronically Filed] Date 12 / 04 / 2014

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

Table with 7 empty columns for Office Use Only

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Select Medical Corporation PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="11628.39"/>	<input type="text" value="11628.39"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="38327.64"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="62598.54"/>	<input type="text" value="222137.79"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="100926.18"/>	<input type="text" value="233766.18"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4500.00"/>	<input type="text" value="137340.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="96426.18"/>	<input type="text" value="96426.18"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Select Medical Corporation PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	62502.34	201100.22
(ii) Unitemized .....	96.20	18787.57
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	62598.54	219887.79
(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) .....	62598.54	219887.79
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	210.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2040.00
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))..... ▶	62598.54	222137.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	62598.54	222137.79

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	240.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	240.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	132600.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	4500.00	4500.00
(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)).....	4500.00	4500.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4500.00	137340.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4500.00	137340.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	62598.54	219887.79
34. Total Contribution Refunds (from Line 28(d)) .....	4500.00	4500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	58098.54	215387.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	240.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	210.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	30.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 113 (check only one)
<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Jennifer K Allison</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014 <b>Transaction ID : A2014-2386077</b>		
Mailing Address 402 Huron Drive			Amount of Each Receipt this Period 19.24		
City Mechanicsburg	State PA	Zip Code 17050			
FEC ID number of contributing federal political committee. C					
Name of Employer Select Medical Corporation		Occupation Vice President (Ex)			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 423.28			

Full Name (Last, First, Middle Initial) <b>B. Ms. Jennifer K Allison</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014 <b>Transaction ID : A2014-2501617</b>		
Mailing Address 402 Huron Drive			Amount of Each Receipt this Period 19.24		
City Mechanicsburg	State PA	Zip Code 17050			
FEC ID number of contributing federal political committee. C					
Name of Employer Select Medical Corporation		Occupation Vice President (Ex)			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 442.52			

Full Name (Last, First, Middle Initial) <b>C. Ms. Jennifer K Allison</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 <b>Transaction ID : A2014-2530037</b>		
Mailing Address 402 Huron Drive			Amount of Each Receipt this Period 19.24		
City Mechanicsburg	State PA	Zip Code 17050			
FEC ID number of contributing federal political committee. C					
Name of Employer Select Medical Corporation		Occupation Vice President (Ex)			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 461.76			

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

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

Form/Schedule: SA11AI  
Transaction ID :

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

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 8 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Ms. Joan Alverzo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 152 Old Landing Road  
 City State Zip Code  
 Ocean City MD 21842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 423.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386078**  
 Amount of Each Receipt this Period  
 19.24

**B. Ms. Joan Alverzo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 152 Old Landing Road  
 City State Zip Code  
 Ocean City MD 21842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 442.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501618**  
 Amount of Each Receipt this Period  
 19.24

**C. Ms. Joan Alverzo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 152 Old Landing Road  
 City State Zip Code  
 Ocean City MD 21842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 461.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530038**  
 Amount of Each Receipt this Period  
 19.24

**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:	PAGE 9 OF 113
	(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"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Kathy Beckett**  
Full Name (Last, First, Middle Initial)  
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 Select Medical Corporation	Occupation Vice President of Clinical Services
------------------------------------------------	---------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
404.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2014

**Transaction ID : A2014-2377592**

Amount of Each Receipt this Period  
19.24

**B. Ms. Kathy Beckett**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8444 Tibet Butler Dr

City Windermere	State FL	Zip Code 34786
--------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Vice President of Clinical Services
------------------------------------------------	---------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
423.28

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2014

**Transaction ID : A2014-2530030**

Amount of Each Receipt this Period  
19.24

**C. Ms. Kathy Beckett**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8444 Tibet Butler Dr

City Windermere	State FL	Zip Code 34786
--------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Vice President of Clinical Services
------------------------------------------------	---------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
442.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2014

**Transaction ID : A2014-2501711**

Amount of Each Receipt this Period  
19.24

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.72
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 545 Mud College Road

City Littlestown      State PA      Zip Code 17340

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1692.46**

Date of Receipt  
**10 / 24 / 2014**  
**Transaction ID : A2014-2386079**

Amount of Each Receipt this Period  
**76.93**

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

Mailing Address 545 Mud College Road

City Littlestown      State PA      Zip Code 17340

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1769.39**

Date of Receipt  
**11 / 07 / 2014**  
**Transaction ID : A2014-2501619**

Amount of Each Receipt this Period  
**76.93**

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

Mailing Address 545 Mud College Road

City Littlestown      State PA      Zip Code 17340

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1846.32**

Date of Receipt  
**11 / 21 / 2014**  
**Transaction ID : A2014-2530039**

Amount of Each Receipt this Period  
**76.93**

**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: PAGE 11 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Dionisio Bencomo**

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 Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.32**

Date of Receipt  
**10 / 24 / 2014**  
**Transaction ID : A2014-2386080**

Amount of Each Receipt this Period  
**19.24**

Full Name (Last, First, Middle Initial)  
**B. Mr. Dionisio Bencomo**

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 Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.56**

Date of Receipt  
**11 / 07 / 2014**  
**Transaction ID : A2014-2501620**

Amount of Each Receipt this Period  
**19.24**

Full Name (Last, First, Middle Initial)  
**C. Mr. Dionisio Bencomo**

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 Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.80**

Date of Receipt  
**11 / 21 / 2014**  
**Transaction ID : A2014-2530040**

Amount of Each Receipt this Period  
**19.24**

**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 12 OF 113
	<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. Ms. Kelly L Blake**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3269 Blue Goose Road  
 City Nicktown State PA Zip Code 15762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386081**  
 Amount of Each Receipt this Period  
 19.24

**B. Ms. Kelly L Blake**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3269 Blue Goose Road  
 City Nicktown State PA Zip Code 15762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501621**  
 Amount of Each Receipt this Period  
 19.24

**C. Ms. Kelly L Blake**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3269 Blue Goose Road  
 City Nicktown State PA Zip Code 15762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530041**  
 Amount of Each Receipt this Period  
 19.24

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.72
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 113
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Edwin A Bodensiek</b>		Date of Receipt
Mailing Address 3047 Terra Maria Way		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Ellicott City	MD	21042
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Select Medical Corporation	Vice President (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2038.51"/>	
		Transaction ID : <b>A2014-2386082</b>
		Amount of Each Receipt this Period
		<input type="text" value="115.38"/>

Full Name (Last, First, Middle Initial) <b>B. Mr. Edwin A Bodensiek</b>		Date of Receipt
Mailing Address 3047 Terra Maria Way		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
Ellicott City	MD	21042
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Select Medical Corporation	Vice President (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2153.89"/>	
		Transaction ID : <b>A2014-2501622</b>
		Amount of Each Receipt this Period
		<input type="text" value="115.38"/>

Full Name (Last, First, Middle Initial) <b>C. Mr. Edwin A Bodensiek</b>		Date of Receipt
Mailing Address 3047 Terra Maria Way		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
Ellicott City	MD	21042
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Select Medical Corporation	Vice President (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2269.27"/>	
		Transaction ID : <b>A2014-2530042</b>
		Amount of Each Receipt this Period
		<input type="text" value="115.38"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="346.14"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 14 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Michael S Boggs**

Mailing Address 341 R L Wheeler Rd

City Macon State GA Zip Code 31211

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.28**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : A2014-2386083**

Amount of Each Receipt this Period  
**19.24**

Full Name (Last, First, Middle Initial)  
**B. Mr. Michael S Boggs**

Mailing Address 341 R L Wheeler Rd

City Macon State GA Zip Code 31211

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **442.52**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 07 / 2014**

**Transaction ID : A2014-2501623**

Amount of Each Receipt this Period  
**19.24**

Full Name (Last, First, Middle Initial)  
**C. Mr. Michael S Boggs**

Mailing Address 341 R L Wheeler Rd

City Macon State GA Zip Code 31211

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 21 / 2014**

**Transaction ID : A2014-2530043**

Amount of Each Receipt this Period  
**19.24**

**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 15 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Robert H Brehm</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014 <b>Transaction ID : A2014-2386084</b>
Mailing Address 605 Chestnut St.		Amount of Each Receipt this Period 115.39
City Stirling	State NJ	Zip Code 07980
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2538.58	

Full Name (Last, First, Middle Initial) <b>B. Mr. Robert H Brehm</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014 <b>Transaction ID : A2014-2501624</b>
Mailing Address 605 Chestnut St.		Amount of Each Receipt this Period 115.39
City Stirling	State NJ	Zip Code 07980
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2653.97	

Full Name (Last, First, Middle Initial) <b>C. Mr. Robert H Brehm</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 <b>Transaction ID : A2014-2530044</b>
Mailing Address 605 Chestnut St.		Amount of Each Receipt this Period 115.39
City Stirling	State NJ	Zip Code 07980
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2769.36	

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

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

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

FOR LINE NUMBER: PAGE 16 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. Robert G Breighner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 613 Carrie Drive  
 City State Zip Code  
 Dallastown PA 17313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 423.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386085**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Robert G Breighner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 613 Carrie Drive  
 City State Zip Code  
 Dallastown PA 17313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 442.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501625**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Robert G Breighner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 613 Carrie Drive  
 City State Zip Code  
 Dallastown PA 17313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 461.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530045**  
 Amount of Each Receipt this Period  
 19.24

**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: PAGE 17 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Mark S Brodeur**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5324 Meadow Breeze Drive  
 City State Zip Code  
 Liberty Township OH 45011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 423.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386086**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Mark S Brodeur**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5324 Meadow Breeze Drive  
 City State Zip Code  
 Liberty Township OH 45011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 442.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501626**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Mark S Brodeur**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5324 Meadow Breeze Drive  
 City State Zip Code  
 Liberty Township OH 45011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 461.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530046**  
 Amount of Each Receipt this Period  
 19.24

**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: PAGE 18 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Thomas Buckingham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Chantilly Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Executive Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386087**  
 Amount of Each Receipt this Period  
 115.39

**B. Mr. Thomas Buckingham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Chantilly Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Executive Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501627**  
 Amount of Each Receipt this Period  
 115.39

**C. Mr. Thomas Buckingham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Chantilly Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Executive Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530047**  
 Amount of Each Receipt this Period  
 115.39

**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 113
	<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. Ms. Sonda D Burns**  
 Full Name (Last, First, Middle Initial)  
 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 Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014  
**Transaction ID : A2014-2378223**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Robert S Buxton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 261 Clover Circle  
 City Media State PA Zip Code 19063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President of Operations (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2014  
**Transaction ID : A2014-2530440**  
 Amount of Each Receipt this Period  
 1000.00

**C. Mr. Raymond F Carnevale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5801 Gemini Dr. Apt. 305  
 City Madison State WI Zip Code 53718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1384.74

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386088**  
 Amount of Each Receipt this Period  
 76.93

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Raymond F Carnevale</b>		Date of Receipt
Mailing Address 5801 Gemini Dr. Apt. 305		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City State Zip Code Madison WI 53718		<b>Transaction ID : A2014-2501628</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="76.93"/>
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1461.67"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Raymond F Carnevale</b>		Date of Receipt
Mailing Address 5801 Gemini Dr. Apt. 305		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City State Zip Code Madison WI 53718		<b>Transaction ID : A2014-2530048</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="76.93"/>
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1538.60"/>	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Marinella Castroman</b>		Date of Receipt
Mailing Address 2971 Stanfield Avenue		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City State Zip Code Orlando FL 32814		<b>Transaction ID : A2014-2386089</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="115.39"/>
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2538.58"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="269.25"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 113
	<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. Mrs. Marinella Castroman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2971 Stanfield Avenue  
 City Orlando State FL Zip Code 32814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501629**  
 Amount of Each Receipt this Period  
 115.39

**B. Mrs. Marinella Castroman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2971 Stanfield Avenue  
 City Orlando State FL Zip Code 32814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530049**  
 Amount of Each Receipt this Period  
 115.39

**C. Mrs. Melinda D Comer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 503 Peach Spring  
 City Houston State TX Zip Code 77037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386090**  
 Amount of Each Receipt this Period  
 19.24

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.02
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mrs. Melinda D Comer</b>		Date of Receipt
Mailing Address 503 Peach Spring		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City State Zip Code Houston TX 77037		<b>Transaction ID : A2014-2501630</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.24"/>
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="365.56"/>	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Melinda D Comer</b>		Date of Receipt
Mailing Address 503 Peach Spring		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City State Zip Code Houston TX 77037		<b>Transaction ID : A2014-2530050</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.24"/>
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="384.80"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Jevne R Conover</b>		Date of Receipt
Mailing Address 11896 Lakeshore Drive		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City State Zip Code Grand Haven MI 49417		<b>Transaction ID : A2014-2386091</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="76.93"/>
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1692.46"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="115.41"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Jevne R Conover**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11896 Lakeshore Drive

City Grand Haven	State MI	Zip Code 49417
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1769.39

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

**Transaction ID : A2014-2501631**

Amount of Each Receipt this Period  
76.93

**B. Mr. Jevne R Conover**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11896 Lakeshore Drive

City Grand Haven	State MI	Zip Code 49417
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1846.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

**Transaction ID : A2014-2530051**

Amount of Each Receipt this Period  
76.93

**C. Mr. Fred R Cullen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 564 Fawnhill Drive

City Langhorne	State PA	Zip Code 19047
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2538.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

**Transaction ID : A2014-2386092**

Amount of Each Receipt this Period  
115.39

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Mr. Fred R Cullen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 564 Fawnhill Drive  
 City Langhorne State PA Zip Code 19047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501632**  
 Amount of Each Receipt this Period  
 115.39

**B. Mr. Fred R Cullen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 564 Fawnhill Drive  
 City Langhorne State PA Zip Code 19047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530052**  
 Amount of Each Receipt this Period  
 115.39

**C. Mrs. Carolyn N Curnane**  
 Full Name (Last, First, Middle Initial)  
 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 Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386093**  
 Amount of Each Receipt this Period  
 19.24

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.02
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Mrs. Carolyn N Curnane**  
 Full Name (Last, First, Middle Initial)  
 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 Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501633**  
 Amount of Each Receipt this Period  
 19.24

**B. Mrs. Carolyn N Curnane**  
 Full Name (Last, First, Middle Initial)  
 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 Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530053**  
 Amount of Each Receipt this Period  
 19.24

**C. James E Dalton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6505 Edinburgh Drive  
 City Nashville State TN Zip Code 37221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014  
**Transaction ID : A2014-2378218**  
 Amount of Each Receipt this Period  
 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5038.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Brian E Davis</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014 <b>Transaction ID : A2014-2386094</b>
Mailing Address 1211 High Hollow		Amount of Each Receipt this Period 115.39
City Mechanicsburg	State PA	Zip Code 17050
FEC ID number of contributing federal political committee.	C	
Name of Employer Select Medical Corporation	Occupation Regional President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2538.58	

Full Name (Last, First, Middle Initial) <b>B. Mr. Brian E Davis</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014 <b>Transaction ID : A2014-2501634</b>
Mailing Address 1211 High Hollow		Amount of Each Receipt this Period 115.39
City Mechanicsburg	State PA	Zip Code 17050
FEC ID number of contributing federal political committee.	C	
Name of Employer Select Medical Corporation	Occupation Regional President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2653.97	

Full Name (Last, First, Middle Initial) <b>C. Mr. Brian E Davis</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 <b>Transaction ID : A2014-2530054</b>
Mailing Address 1211 High Hollow		Amount of Each Receipt this Period 115.39
City Mechanicsburg	State PA	Zip Code 17050
FEC ID number of contributing federal political committee.	C	
Name of Employer Select Medical Corporation	Occupation Regional President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2769.36	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 113
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Lora A Davis</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014 <b>Transaction ID : A2014-2386095</b>
Mailing Address 3022 Eagle Point Way		Amount of Each Receipt this Period 19.24
City Tallahassee	State FL	Zip Code 32312
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	
Occupation Administrator (Ex)		Aggregate Year-to-Date ▼ 423.28
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Lora A Davis</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014 <b>Transaction ID : A2014-2501635</b>
Mailing Address 3022 Eagle Point Way		Amount of Each Receipt this Period 19.24
City Tallahassee	State FL	Zip Code 32312
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	
Occupation Administrator (Ex)		Aggregate Year-to-Date ▼ 442.52
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mrs. Lora A Davis</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 <b>Transaction ID : A2014-2530055</b>
Mailing Address 3022 Eagle Point Way		Amount of Each Receipt this Period 19.24
City Tallahassee	State FL	Zip Code 32312
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	
Occupation Administrator (Ex)		Aggregate Year-to-Date ▼ 461.76
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.72
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mrs. Teresa L Davis</b>		Date of Receipt
Mailing Address 1019 Deerfield Road		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City Richmond State TX Zip Code 77406		<b>Transaction ID : A2014-2386096</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Select Medical Corporation Occupation Vice President (Ex)		<input type="text" value="115.39"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2538.58"/>	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Teresa L Davis</b>		Date of Receipt
Mailing Address 1019 Deerfield Road		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City Richmond State TX Zip Code 77406		<b>Transaction ID : A2014-2501636</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Select Medical Corporation Occupation Vice President (Ex)		<input type="text" value="115.39"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2653.97"/>	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Teresa L Davis</b>		Date of Receipt
Mailing Address 1019 Deerfield Road		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City Richmond State TX Zip Code 77406		<b>Transaction ID : A2014-2530056</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Select Medical Corporation Occupation Vice President (Ex)		<input type="text" value="115.39"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2769.36"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="346.17"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 113
	(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"/> 16
		<input type="checkbox"/> 17

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

**A. Mrs. Stefanie A Dean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6421 Farmcrest Lane  
 City Harrisburg State PA Zip Code 17111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1692.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386097**  
 Amount of Each Receipt this Period  
 76.93

**B. Mrs. Stefanie A Dean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6421 Farmcrest Lane  
 City Harrisburg State PA Zip Code 17111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1769.39

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501637**  
 Amount of Each Receipt this Period  
 76.93

**C. Mrs. Stefanie A Dean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6421 Farmcrest Lane  
 City Harrisburg State PA Zip Code 17111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530057**  
 Amount of Each Receipt this Period  
 76.93

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 113
	<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. Mrs. Miriam R Deemer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 700 Trombley

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.28**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

**Transaction ID : A2014-2386098**

Amount of Each Receipt this Period  

19.24
-------

**B. Mrs. Miriam R Deemer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 700 Trombley

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **442.52**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

**Transaction ID : A2014-2501638**

Amount of Each Receipt this Period  

19.24
-------

**C. Mrs. Miriam R Deemer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 700 Trombley

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.76**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

**Transaction ID : A2014-2530058**

Amount of Each Receipt this Period  

19.24
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>57.72</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Mr. Anthony F DeFelice**

Full Name (Last, First, Middle Initial)  
Mr. Anthony F DeFelice

Mailing Address 20 Blue Ribbon Drive

City Elizabethtown State PA Zip Code 17022

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1461.67

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386099**

Amount of Each Receipt this Period  
 76.93

**B. Mr. Anthony F DeFelice**

Full Name (Last, First, Middle Initial)  
Mr. Anthony F DeFelice

Mailing Address 20 Blue Ribbon Drive

City Elizabethtown State PA Zip Code 17022

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1538.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501639**

Amount of Each Receipt this Period  
 76.93

**C. Mr. Anthony F DeFelice**

Full Name (Last, First, Middle Initial)  
Mr. Anthony F DeFelice

Mailing Address 20 Blue Ribbon Drive

City Elizabethtown State PA Zip Code 17022

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1615.53

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530059**

Amount of Each Receipt this Period  
 76.93

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. David J DeGumbia</b>		Date of Receipt
Mailing Address 383 Pattonwood Dr		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Southington	CT	06489
FEC ID number of contributing federal political committee.		Transaction ID : <b>A2014-2386100</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="115.39"/>
Name of Employer	Occupation	
Select Medical Corporation	Senior Vice President (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2538.58"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. David J DeGumbia</b>		Date of Receipt
Mailing Address 383 Pattonwood Dr		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
Southington	CT	06489
FEC ID number of contributing federal political committee.		Transaction ID : <b>A2014-2501640</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="115.39"/>
Name of Employer	Occupation	
Select Medical Corporation	Senior Vice President (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2653.97"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. David J DeGumbia</b>		Date of Receipt
Mailing Address 383 Pattonwood Dr		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
Southington	CT	06489
FEC ID number of contributing federal political committee.		Transaction ID : <b>A2014-2530060</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="115.39"/>
Name of Employer	Occupation	
Select Medical Corporation	Senior Vice President (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2769.36"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="346.17"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

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

FOR LINE NUMBER: PAGE 33 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Jr. James L Dehoff Jr.</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014 <b>Transaction ID : A2014-2378219</b>
Mailing Address 1317 Abington Way			Amount of Each Receipt this Period 5000.00
City Mechanicsburg	State PA	Zip Code 17050	
FEC ID number of contributing federal political committee. C			
Name of Employer Select Medical Corporation	Occupation Senior Vice President (Ex)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Philip J Driscoll</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014 <b>Transaction ID : A2014-2386101</b>
Mailing Address 38 Van Doren Way			Amount of Each Receipt this Period 19.24
City Belle Mead	State NJ	Zip Code 08502	
FEC ID number of contributing federal political committee. C			
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.28		

Full Name (Last, First, Middle Initial) <b>C. Mr. Philip J Driscoll</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014 <b>Transaction ID : A2014-2501641</b>
Mailing Address 38 Van Doren Way			Amount of Each Receipt this Period 19.24
City Belle Mead	State NJ	Zip Code 08502	
FEC ID number of contributing federal political committee. C			
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.52		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5038.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 34 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Philip J Driscoll**

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 Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.76**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 21 / 2014**

**Transaction ID : A2014-2530061**

Amount of Each Receipt this Period  
**19.24**

Full Name (Last, First, Middle Initial)  
**B. Mr. John F Duggan**

Mailing Address 1764 North Meadow Drive

City Mechanicsburg State PA Zip Code 17055

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **8000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 19 / 2014**

**Transaction ID : A2014-2511545**

Amount of Each Receipt this Period  
**5000.00**

Full Name (Last, First, Middle Initial)  
**C. Mrs. Cherie J Elledge**

Mailing Address 1838 Red Spruce Lane

City Mechanicsburg State PA Zip Code 17050

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.28**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : A2014-2386102**

Amount of Each Receipt this Period  
**19.24**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **5038.48**

**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 113
	<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. Mrs. Cherie J Elledge**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1838 Red Spruce Lane

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
442.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

**Transaction ID : A2014-2501642**

Amount of Each Receipt this Period  
19.24

**B. Mrs. Cherie J Elledge**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1838 Red Spruce Lane

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

**Transaction ID : A2014-2530062**

Amount of Each Receipt this Period  
19.24

**C. Mr. David D Engelhardt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2772 Irene Circle

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
423.28

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

**Transaction ID : A2014-2386103**

Amount of Each Receipt this Period  
19.24

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.72
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 113
	<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. Mr. David D Engelhardt**  
Full Name (Last, First, Middle Initial)

Mailing Address 2772 Irene Circle

City Roseville State MN Zip Code 55113

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **442.52**

Date of Receipt **11 / 07 / 2014**

**Transaction ID : A2014-2501643**

Amount of Each Receipt this Period **19.24**

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

Mailing Address 2772 Irene Circle

City Roseville State MN Zip Code 55113

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **461.76**

Date of Receipt **11 / 21 / 2014**

**Transaction ID : A2014-2530063**

Amount of Each Receipt this Period **19.24**

**C. Mr. Paul G Finkbeiner**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 Strayer Drive

City Carlisle State PA Zip Code 17013

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **211.64**

Date of Receipt **11 / 21 / 2014**

**Transaction ID : A2014-2530064**

Amount of Each Receipt this Period **19.24**

**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 37 OF 113
	<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. Ms. Patti Finnegan**  
Full Name (Last, First, Middle Initial)  
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 Select Medical Corporation	Occupation Chief Operating Officer (Ex)
------------------------------------------------	--------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.28**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
10	/	24	/	2014

**Transaction ID : A2014-2386105**

Amount of Each Receipt this Period  

19.24
-------

**B. Ms. Patti Finnegan**  
Full Name (Last, First, Middle Initial)  
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 Select Medical Corporation	Occupation Chief Operating Officer (Ex)
------------------------------------------------	--------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **442.52**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
11	/	07	/	2014

**Transaction ID : A2014-2501645**

Amount of Each Receipt this Period  

19.24
-------

**C. Ms. Patti Finnegan**  
Full Name (Last, First, Middle Initial)  
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 Select Medical Corporation	Occupation Chief Operating Officer (Ex)
------------------------------------------------	--------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.76**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
11	/	21	/	2014

**Transaction ID : A2014-2530065**

Amount of Each Receipt this Period  

19.24
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>57.72</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 38 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Bruce Gans**

Mailing Address Six Amherst Road

City Chatham State NJ Zip Code 07928

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2538.58**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : A2014-2386106**

Amount of Each Receipt this Period  
**115.39**

Full Name (Last, First, Middle Initial)  
**B. Bruce Gans**

Mailing Address Six Amherst Road

City Chatham State NJ Zip Code 07928

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2653.97**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 07 / 2014**

**Transaction ID : A2014-2501646**

Amount of Each Receipt this Period  
**115.39**

Full Name (Last, First, Middle Initial)  
**C. Bruce Gans**

Mailing Address Six Amherst Road

City Chatham State NJ Zip Code 07928

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2769.36**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 21 / 2014**

**Transaction ID : A2014-2530066**

Amount of Each Receipt this Period  
**115.39**

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

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

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

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

FOR LINE NUMBER: PAGE 39 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Scott A Gardner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 611 Fairground Road  
 City Newport State PA Zip Code 17074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386107**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Scott A Gardner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 611 Fairground Road  
 City Newport State PA Zip Code 17074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501647**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Scott A Gardner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 611 Fairground Road  
 City Newport State PA Zip Code 17074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530067**  
 Amount of Each Receipt this Period  
 19.24

**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 40 OF 113
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Suzanne D Gasse</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 24 / 2014 <b>Transaction ID : A2014-2530441</b>
Mailing Address 3903 West Sailboat Drive		Amount of Each Receipt this Period 1000.00
City Pembroke Pines	State FL	Zip Code 33026
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	Occupation Vice President of Operations (Ex)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Peter J Gillard</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014 <b>Transaction ID : A2014-2377593</b>
Mailing Address 1001 Madera Court		Amount of Each Receipt this Period 19.24
City Allen	State TX	Zip Code 75013
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	Occupation Vice President (Ex)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.56	

Full Name (Last, First, Middle Initial) <b>C. Mr. Peter J Gillard</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014 <b>Transaction ID : A2014-2530031</b>
Mailing Address 1001 Madera Court		Amount of Each Receipt this Period 19.24
City Allen	State TX	Zip Code 75013
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	Occupation Vice President (Ex)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.80	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1038.48
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Peter J Gillard</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 14 / 2014 <b>Transaction ID : A2014-2501712</b>
Mailing Address 1001 Madera Court		Amount of Each Receipt this Period 19.24
City Allen	State TX	Zip Code 75013
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	
Occupation Vice President (Ex)		Aggregate Year-to-Date 404.04
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. David L Goodson</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014 <b>Transaction ID : A2014-2386108</b>
Mailing Address 1059 Lionsgate Lane		Amount of Each Receipt this Period 19.24
City Gulf Breeze	State FL	Zip Code 32563
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	
Occupation Administrator (Ex)		Aggregate Year-to-Date 423.28
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. David L Goodson</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2014 <b>Transaction ID : A2014-2501648</b>
Mailing Address 1059 Lionsgate Lane		Amount of Each Receipt this Period 19.24
City Gulf Breeze	State FL	Zip Code 32563
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	
Occupation Administrator (Ex)		Aggregate Year-to-Date 442.52
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.72
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. David L Goodson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1059 Lionsgate Lane

City State Zip Code  
Gulf Breeze FL 32563

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.76

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2014  
**Transaction ID : A2014-2530068**

Amount of Each Receipt this Period  
19.24

**B. Mr. Antony M Grigonis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1636 Lowell Lane

City State Zip Code  
New Cumberland PA 17070

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1077.02

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2014  
**Transaction ID : A2014-2386109**

Amount of Each Receipt this Period  
76.93

**C. Mr. Antony M Grigonis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1636 Lowell Lane

City State Zip Code  
New Cumberland PA 17070

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1153.95

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2014  
**Transaction ID : A2014-2501649**

Amount of Each Receipt this Period  
76.93

**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 43 OF 113
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Antony M Grigonis</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2014 <b>Transaction ID : A2014-2530069</b>
Mailing Address 1636 Lowell Lane		Amount of Each Receipt this Period 76.93
City New Cumberland	State PA	Zip Code 17070
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1230.88	

Full Name (Last, First, Middle Initial) <b>B. Doctor Samuel I Hammerman</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 24 / 2014 <b>Transaction ID : A2014-2386110</b>
Mailing Address 239 Butler Street		Amount of Each Receipt this Period 115.39
City Kingston	State PA	Zip Code 18704
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Chief Medical Officer (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2077.02	

Full Name (Last, First, Middle Initial) <b>C. Doctor Samuel I Hammerman</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2014 <b>Transaction ID : A2014-2501650</b>
Mailing Address 239 Butler Street		Amount of Each Receipt this Period 115.39
City Kingston	State PA	Zip Code 18704
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Chief Medical Officer (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2192.41	

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

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

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

FOR LINE NUMBER: PAGE 44 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Doctor Samuel I Hammerman**

Mailing Address 239 Butler Street

City State Zip Code  
Kingston PA 18704

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2307.80

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530070**

Amount of Each Receipt this Period  
115.39

Full Name (Last, First, Middle Initial)  
**B. Mrs. Barbara E Hannan**

Mailing Address 83 Krattiger Court

City State Zip Code  
West Milford NJ 07480

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1692.46

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386111**

Amount of Each Receipt this Period  
76.93

Full Name (Last, First, Middle Initial)  
**C. Mrs. Barbara E Hannan**

Mailing Address 83 Krattiger Court

City State Zip Code  
West Milford NJ 07480

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1769.39

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501651**

Amount of Each Receipt this Period  
76.93

**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 45 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Mrs. Barbara E Hannan</b>		Date of Receipt
Mailing Address 83 Krattiger Court		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City State Zip Code West Milford NJ 07480		<b>Transaction ID : A2014-2530071</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="76.93"/>
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1846.32"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Robin Hedeman</b>		Date of Receipt
Mailing Address 15 W Main St PO 194		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City State Zip Code Brookside NJ 07926		<b>Transaction ID : A2014-2386112</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.24"/>
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="346.32"/>	

Full Name (Last, First, Middle Initial) <b>C. Ms. Robin Hedeman</b>		Date of Receipt
Mailing Address 15 W Main St PO 194		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City State Zip Code Brookside NJ 07926		<b>Transaction ID : A2014-2501652</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.24"/>
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="365.56"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="115.41"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 46 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Robin Hedeman**

Mailing Address 15 W Main St PO 194

City State Zip Code  
Brookside NJ 07926

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.80

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530072**

Amount of Each Receipt this Period  
19.24

Full Name (Last, First, Middle Initial)  
**B. Mr. David J Huffman**

Mailing Address 2915 Arcona Road

City State Zip Code  
Mechanicsburg PA 17055

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.88

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386113**

Amount of Each Receipt this Period  
19.24

Full Name (Last, First, Middle Initial)  
**C. Mr. David J Huffman**

Mailing Address 2915 Arcona Road

City State Zip Code  
Mechanicsburg PA 17055

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.12

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501653**

Amount of Each Receipt this Period  
19.24

**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: PAGE 47 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. David J Huffman**

Mailing Address 2915 Arcona Road

City Mechanicsburg      State PA      Zip Code 17055

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.36

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530073**

Amount of Each Receipt this Period  
 19.24

Full Name (Last, First, Middle Initial)  
**B. Mr. Martin F Jackson**

Mailing Address 116 Ellesmere Lane

City Mechanicsburg      State PA      Zip Code 17055

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 19 / 2014  
**Transaction ID : A2014-2511192**

Amount of Each Receipt this Period  
 5000.00

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

Mailing Address 740 Parkins Mill Rd.

City Greenville      State SC      Zip Code 29607

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

Name of Employer Select Medical Corporation      Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.32

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386114**

Amount of Each Receipt this Period  
 19.24

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5038.48

**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 48 OF 113
	(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

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. Ms. Stephanie R James**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 740 Parkins Mill Rd.  
 City Greenville State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501654**  
 Amount of Each Receipt this Period  
 19.24

**B. Ms. Stephanie R James**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 740 Parkins Mill Rd.  
 City Greenville State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530074**  
 Amount of Each Receipt this Period  
 19.24

**C. Ms. Anne E Jurenc**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12140 N. River Rd.  
 City Mequon State WI Zip Code 53092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386115**  
 Amount of Each Receipt this Period  
 19.24

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.72
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 113
	<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. Ms. Anne E Jure nec**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12140 N. River Rd.  
 City Mequon State WI Zip Code 53092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 442.52

Date of Receipt  
 11 / 07 / 2014  
**Transaction ID : A2014-2501655**  
 Amount of Each Receipt this Period  
 19.24

**B. Ms. Anne E Jure nec**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12140 N. River Rd.  
 City Mequon State WI Zip Code 53092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.76

Date of Receipt  
 11 / 21 / 2014  
**Transaction ID : A2014-2530075**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. David F Key**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1286 Brayshore Drive  
 City Collierville State TN Zip Code 38017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1692.46

Date of Receipt  
 10 / 24 / 2014  
**Transaction ID : A2014-2386116**  
 Amount of Each Receipt this Period  
 76.93

**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:	PAGE 50 OF 113
	(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

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

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

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

Mailing Address 1286 Brayshore Drive

City Collierville State TN Zip Code 38017

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1769.39

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501656**

Amount of Each Receipt this Period  
 76.93

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

Mailing Address 1286 Brayshore Drive

City Collierville State TN Zip Code 38017

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1846.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530076**

Amount of Each Receipt this Period  
 76.93

**c. Mrs. Peggy L Kingston**  
Full Name (Last, First, Middle Initial)

Mailing Address 228 Brewster

City Rochester Hills State MI Zip Code 48309

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
423.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386117**

Amount of Each Receipt this Period  
 19.24

**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 51 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Mrs. Peggy L Kingston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 228 Brewster  
 City Rochester Hills State MI Zip Code 48309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 442.52

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501657**  
 Amount of Each Receipt this Period  
 19.24

**B. Mrs. Peggy L Kingston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 228 Brewster  
 City Rochester Hills State MI Zip Code 48309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.76

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530077**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Kristofer C Kitzke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 873 Winterfields Drive  
 City Cordova State TN Zip Code 38018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386118**  
 Amount of Each Receipt this Period  
 19.24

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.72
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Mr. Kristofer C Kitzke**  
Full Name (Last, First, Middle Initial)

Mailing Address 873 Winterfields Drive

City Cordova	State TN	Zip Code 38018
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **442.52**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
11	/	07	/	2014

**Transaction ID : A2014-2501658**

Amount of Each Receipt this Period  

19.24
-------

**B. Mr. Kristofer C Kitzke**  
Full Name (Last, First, Middle Initial)

Mailing Address 873 Winterfields Drive

City Cordova	State TN	Zip Code 38018
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.76**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
11	/	21	/	2014

**Transaction ID : A2014-2530078**

Amount of Each Receipt this Period  

19.24
-------

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

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 Select Medical Corporation	Occupation Administrator (Ex)
------------------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.28**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
10	/	24	/	2014

**Transaction ID : A2014-2386119**

Amount of Each Receipt this Period  

19.24
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>57.72</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 53 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Ms. Wilma D Knight**  
 Full Name (Last, First, Middle Initial)  
 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 Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 442.52

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501659**  
 Amount of Each Receipt this Period  
 19.24

**B. Ms. Wilma D Knight**  
 Full Name (Last, First, Middle Initial)  
 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 Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.76

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530079**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Thomas E Knoske**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3345 Hewitt-Gifford Road  
 City Warren State OH Zip Code 44481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 19 / 2014  
**Transaction ID : A2014-2510838**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 538.48  
**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 54 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mrs. Laurie Kozorosky**

Mailing Address 730 North Marian Street

City State Zip Code  
Ebensburg PA 15931

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.56

Date of Receipt  
 /  /   
 10 / 24 / 2014  
**Transaction ID : A2014-2386120**

Amount of Each Receipt this Period  
 19.24

Full Name (Last, First, Middle Initial)  
**B. Mrs. Laurie Kozorosky**

Mailing Address 730 North Marian Street

City State Zip Code  
Ebensburg PA 15931

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.80

Date of Receipt  
 /  /   
 11 / 07 / 2014  
**Transaction ID : A2014-2501660**

Amount of Each Receipt this Period  
 19.24

Full Name (Last, First, Middle Initial)  
**C. Mrs. Laurie Kozorosky**

Mailing Address 730 North Marian Street

City State Zip Code  
Ebensburg PA 15931

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
404.04

Date of Receipt  
 /  /   
 11 / 21 / 2014  
**Transaction ID : A2014-2530080**

Amount of Each Receipt this Period  
 19.24

**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 55 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Conrad Kupferman</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 19 / 2014 <b>Transaction ID : A2014-2511542</b>
Mailing Address 11 Soundview Drive		Amount of Each Receipt this Period 500.00
City Port Jefferson	State NY	Zip Code 11777
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Aleksey N Kurmakov</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014 <b>Transaction ID : A2014-2386121</b>
Mailing Address 2413 Toftree Drive		Amount of Each Receipt this Period 76.93
City Harrisburg	State PA	Zip Code 17112
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1692.46	

Full Name (Last, First, Middle Initial) <b>C. Mr. Aleksey N Kurmakov</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2014 <b>Transaction ID : A2014-2501661</b>
Mailing Address 2413 Toftree Drive		Amount of Each Receipt this Period 76.93
City Harrisburg	State PA	Zip Code 17112
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1769.39	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	653.86
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 113
	<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. Mr. Aleksey N Kurmakov**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2413 Toftree Drive  
 City Harrisburg State PA Zip Code 17112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530081**  
 Amount of Each Receipt this Period  
 76.93

**B. Mr. Bernard Lewandowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 Joseph Drive  
 City Boiling Springs State PA Zip Code 17007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386122**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Bernard Lewandowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 Joseph Drive  
 City Boiling Springs State PA Zip Code 17007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501662**  
 Amount of Each Receipt this Period  
 19.24

**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: PAGE 57 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 26 Joseph Drive

City Boiling Springs      State PA      Zip Code 17007

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.80**

Date of Receipt  
**11 / 21 / 2014**  
**Transaction ID : A2014-2530082**

Amount of Each Receipt this Period  
**19.24**

Full Name (Last, First, Middle Initial)  
**B. Ms. Lauren B Lindley**

Mailing Address 36 Indian Bayou Drive

City Destin      State FL      Zip Code 32541

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **404.04**

Date of Receipt  
**10 / 17 / 2014**  
**Transaction ID : A2014-2377595**

Amount of Each Receipt this Period  
**19.24**

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

Mailing Address 36 Indian Bayou Drive

City Destin      State FL      Zip Code 32541

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.28**

Date of Receipt  
**10 / 31 / 2014**  
**Transaction ID : A2014-2530033**

Amount of Each Receipt this Period  
**19.24**

**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:	PAGE 58 OF 113
	(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"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 36 Indian Bayou Drive

City Destin State FL Zip Code 32541

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **442.52**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 14 / 2014**

**Transaction ID : A2014-2501714**

Amount of Each Receipt this Period  
**19.24**

Full Name (Last, First, Middle Initial)  
**B. Mrs. Adriane L Lutes**

Mailing Address 2371 Pullman Way

City Hummelstown State PA Zip Code 17036

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1307.81**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : A2014-2386123**

Amount of Each Receipt this Period  
**76.93**

Full Name (Last, First, Middle Initial)  
**C. Mrs. Adriane L Lutes**

Mailing Address 2371 Pullman Way

City Hummelstown State PA Zip Code 17036

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1384.74**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 07 / 2014**

**Transaction ID : A2014-2501663**

Amount of Each Receipt this Period  
**76.93**

**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 59 OF 113
	<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. Mrs. Adriane L Lutes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2371 Pullman Way  
 City Hummelstown State PA Zip Code 17036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1461.67

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530083**  
 Amount of Each Receipt this Period  
 76.93

**B. Mr. Michael F Malatesta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4145 Serenity Street  
 City Schwenksville State PA Zip Code 19473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1576.96

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386124**  
 Amount of Each Receipt this Period  
 115.38

**C. Mr. Michael F Malatesta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4145 Serenity Street  
 City Schwenksville State PA Zip Code 19473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1692.34

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501664**  
 Amount of Each Receipt this Period  
 115.38

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	307.69
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 60 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Michael F Malatesta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4145 Serenity Street  
 City State Zip Code  
 Schwenksville PA 19473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1807.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530084**  
 Amount of Each Receipt this Period  
 115.38

**B. Mr. Brian Mann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1060 Trevorton Road  
 City State Zip Code  
 Coal Township PA 17866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 346.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386125**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Brian Mann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1060 Trevorton Road  
 City State Zip Code  
 Coal Township PA 17866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501665**  
 Amount of Each Receipt this Period  
 19.24

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 153.86  
**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 61 OF 113
	<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. Mr. Brian Mann**  
Full Name (Last, First, Middle Initial)

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 Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.80**

Date of Receipt **11 / 21 / 2014**

**Transaction ID : A2014-2530085**

Amount of Each Receipt this Period **19.24**

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

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 Select Medical Corporation Occupation Officer (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.32**

Date of Receipt **10 / 24 / 2014**

**Transaction ID : A2014-2386126**

Amount of Each Receipt this Period **19.24**

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

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 Select Medical Corporation Occupation Officer (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.56**

Date of Receipt **11 / 07 / 2014**

**Transaction ID : A2014-2501666**

Amount of Each Receipt this Period **19.24**

**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:	PAGE 62 OF 113
	(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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Christopher L Marshall</b>			Date of Receipt
Mailing Address 4966 Cline Hollow Road			<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : A2014-2530086</b>
Export	PA	15632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="19.24"/>
Name of Employer	Occupation		
Select Medical Corporation	Officer (Ex)		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="384.80"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mr. Anthony J Martino</b>			Date of Receipt
Mailing Address 2421 W Barbie Lane			<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : A2014-2386127</b>
Phoenix	AZ	85085	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="19.24"/>
Name of Employer	Occupation		
Select Medical Corporation	Administrator (Ex)		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="346.32"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mr. Anthony J Martino</b>			Date of Receipt
Mailing Address 2421 W Barbie Lane			<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : A2014-2501667</b>
Phoenix	AZ	85085	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="19.24"/>
Name of Employer	Occupation		
Select Medical Corporation	Administrator (Ex)		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.56"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="57.72"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 OF 113
	(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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Anthony J Martino</b>		Date of Receipt
Mailing Address 2421 W Barbie Lane		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City Phoenix	State AZ	Zip Code 85085
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2014-2530087</b>
Name of Employer Select Medical Corporation		Amount of Each Receipt this Period
Occupation Administrator (Ex)		<input type="text" value="19.24"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="384.80"/>	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Debora A Martoccio</b>		Date of Receipt
Mailing Address 4511 Gulfwinds Drive		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City Lutz	State FL	Zip Code 33558
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2014-2386128</b>
Name of Employer Select Medical Corporation		Amount of Each Receipt this Period
Occupation Administrator (Ex)		<input type="text" value="19.24"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="346.32"/>	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Debora A Martoccio</b>		Date of Receipt
Mailing Address 4511 Gulfwinds Drive		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City Lutz	State FL	Zip Code 33558
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2014-2501668</b>
Name of Employer Select Medical Corporation		Amount of Each Receipt this Period
Occupation Administrator (Ex)		<input type="text" value="19.24"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="365.56"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="57.72"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 64 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mrs. Debora A Martoccio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4511 Gulfwinds Drive  
 City Lutz State FL Zip Code 33558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 11 / 21 / 2014  
**Transaction ID : A2014-2530088**  
 Amount of Each Receipt this Period 19.24

**B. Mr. Michael H McAlister**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5950 Fishing Creek Road  
 City Nolensville State TN Zip Code 37135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt 10 / 24 / 2014  
**Transaction ID : A2014-2386129**  
 Amount of Each Receipt this Period 19.24

**C. Mr. Michael H McAlister**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5950 Fishing Creek Road  
 City Nolensville State TN Zip Code 37135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 11 / 07 / 2014  
**Transaction ID : A2014-2501669**  
 Amount of Each Receipt this Period 19.24

**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 65 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Mr. Michael H McAlister**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5950 Fishing Creek Road  
 City Nolensville State TN Zip Code 37135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530089**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Michael T McGovern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2452 Club Road  
 City Columbus State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386130**  
 Amount of Each Receipt this Period  
 115.39

**C. Mr. Michael T McGovern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2452 Club Road  
 City Columbus State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501670**  
 Amount of Each Receipt this Period  
 115.39

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.02
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 66 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. Michael T McGovern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2452 Club Road  
 City Columbus State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530090**  
 Amount of Each Receipt this Period  
 115.39

**B. Ms. Barbara J Mobley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5809 Copper Canyon  
 City The Colony State TX Zip Code 75056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386131**  
 Amount of Each Receipt this Period  
 19.24

**C. Ms. Barbara J Mobley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5809 Copper Canyon  
 City The Colony State TX Zip Code 75056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501671**  
 Amount of Each Receipt this Period  
 19.24

**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 67 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Barbara J Mobley**

Mailing Address 5809 Copper Canyon

City State Zip Code  
The Colony TX 75056

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
442.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530091**

Amount of Each Receipt this Period  
19.24

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

Mailing Address 215 St James Court

City State Zip Code  
Mechanicsburg PA 17050

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386132**

Amount of Each Receipt this Period  
19.24

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

Mailing Address 215 St James Court

City State Zip Code  
Mechanicsburg PA 17050

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501672**

Amount of Each Receipt this Period  
19.24

**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 68 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Mr. Thomas P Mullin**  
 Full Name (Last, First, Middle Initial)  
 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 Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt  
 11 / 21 / 2014  
**Transaction ID : A2014-2530092**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Francis P Naselli Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 655 North Heilbron Drive  
 City Media State PA Zip Code 19063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 11 / 19 / 2014  
**Transaction ID : A2014-2511541**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Gregory C Nichols**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 608 Castlebrook Dr  
 City Prattville State AL Zip Code 36066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation President of Network Development (E)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt  
 10 / 17 / 2014  
**Transaction ID : A2014-2377596**  
 Amount of Each Receipt this Period  
 19.24

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	538.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 69 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Gregory C Nichols**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 608 Castlebrook Dr  
 City Prattville State AL Zip Code 36066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation President of Network Development (E)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014  
**Transaction ID : A2014-2530034**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Gregory C Nichols**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 608 Castlebrook Dr  
 City Prattville State AL Zip Code 36066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation President of Network Development (E)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 442.52

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014  
**Transaction ID : A2014-2501715**  
 Amount of Each Receipt this Period  
 19.24

**C. Mrs. Sharon A Noro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 3rd Street  
 City Aspinwall State PA Zip Code 15215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1692.46

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386133**  
 Amount of Each Receipt this Period  
 76.93

**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: PAGE 70 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mrs. Sharon A Noro**

Mailing Address 24 3rd Street

City State Zip Code  
Aspinwall PA 15215

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1769.39

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501673**

Amount of Each Receipt this Period  
76.93

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

Mailing Address 24 3rd Street

City State Zip Code  
Aspinwall PA 15215

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1846.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530093**

Amount of Each Receipt this Period  
76.93

Full Name (Last, First, Middle Initial)  
**C. Mr. John F O'Malley**

Mailing Address 5614 Wembley Court

City State Zip Code  
Clarkston MI 48346

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386134**

Amount of Each Receipt this Period  
19.24

**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 71 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. John F O'Malley</b>		Date of Receipt
Mailing Address 5614 Wembley Court		M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014
City	State	Zip Code
Clarkston	MI	48346
FEC ID number of contributing federal political committee.	Transaction ID : <b>A2014-2501674</b>	
C	Amount of Each Receipt this Period	
	19.24	
Name of Employer	Occupation	
Select Medical Corporation	Administrator (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	384.80	

Full Name (Last, First, Middle Initial) <b>B. Mr. John F O'Malley</b>		Date of Receipt
Mailing Address 5614 Wembley Court		M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014
City	State	Zip Code
Clarkston	MI	48346
FEC ID number of contributing federal political committee.	Transaction ID : <b>A2014-2530094</b>	
C	Amount of Each Receipt this Period	
	19.24	
Name of Employer	Occupation	
Select Medical Corporation	Administrator (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	404.04	

Full Name (Last, First, Middle Initial) <b>C. Mr. Kevin Oswald</b>		Date of Receipt
Mailing Address 530 Warrick Drive		M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014
City	State	Zip Code
Washington	PA	15301
FEC ID number of contributing federal political committee.	Transaction ID : <b>A2014-2511543</b>	
C	Amount of Each Receipt this Period	
	1000.00	
Name of Employer	Occupation	
Select Medical Corporation	Vice President (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1038.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Matthew P Pearson</b>			Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014 <b>Transaction ID : A2014-2386135</b>		
Mailing Address 4514 W 72nd Street			Amount of Each Receipt this Period 115.39		
City Prairie Village	State KS	Zip Code 66208			
FEC ID number of contributing federal political committee. C					
Name of Employer Select Medical Corporation		Occupation Administrator (Ex)			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2538.58			

Full Name (Last, First, Middle Initial) <b>B. Mr. Matthew P Pearson</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2014 <b>Transaction ID : A2014-2501675</b>		
Mailing Address 4514 W 72nd Street			Amount of Each Receipt this Period 115.39		
City Prairie Village	State KS	Zip Code 66208			
FEC ID number of contributing federal political committee. C					
Name of Employer Select Medical Corporation		Occupation Administrator (Ex)			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2653.97			

Full Name (Last, First, Middle Initial) <b>C. Mr. Matthew P Pearson</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 21 / 2014 <b>Transaction ID : A2014-2530095</b>		
Mailing Address 4514 W 72nd Street			Amount of Each Receipt this Period 115.39		
City Prairie Village	State KS	Zip Code 66208			
FEC ID number of contributing federal political committee. C					
Name of Employer Select Medical Corporation		Occupation Administrator (Ex)			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2769.36			

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 OF 113
	(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

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

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

**A. Mrs. Genise Pedrick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4771 Sweetshade Drive

City Sarasota	State FL	Zip Code 34241
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.28**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
10	/	24	/	2014

**Transaction ID : A2014-2386136**

Amount of Each Receipt this Period  

19.24
-------

**B. Mrs. Genise Pedrick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4771 Sweetshade Drive

City Sarasota	State FL	Zip Code 34241
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **442.52**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
11	/	07	/	2014

**Transaction ID : A2014-2501676**

Amount of Each Receipt this Period  

19.24
-------

**C. Mrs. Genise Pedrick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4771 Sweetshade Drive

City Sarasota	State FL	Zip Code 34241
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.76**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
11	/	21	/	2014

**Transaction ID : A2014-2530096**

Amount of Each Receipt this Period  

19.24
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>57.72</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 OF 113
	(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. Mrs. Lisa J Pettrey**  
Full Name (Last, First, Middle Initial)

Mailing Address 5625 Preswick Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.28**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2014

**Transaction ID : A2014-2386137**

Amount of Each Receipt this Period  

19.24
-------

**B. Mrs. Lisa J Pettrey**  
Full Name (Last, First, Middle Initial)

Mailing Address 5625 Preswick Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **442.52**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2014

**Transaction ID : A2014-2501677**

Amount of Each Receipt this Period  

19.24
-------

**C. Mrs. Lisa J Pettrey**  
Full Name (Last, First, Middle Initial)

Mailing Address 5625 Preswick Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.76**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2014

**Transaction ID : A2014-2530097**

Amount of Each Receipt this Period  

19.24
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>57.72</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 OF 113
	(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"/> 16
		<input type="checkbox"/> 17

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

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

**A. Mr. Steve C Plumlee**  
Full Name (Last, First, Middle Initial)

Mailing Address 12311 Bonnybridge Lane

City Knoxville State TN Zip Code 37922

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.28**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : A2014-2386138**

Amount of Each Receipt this Period  
**19.24**

**B. Mr. Steve C Plumlee**  
Full Name (Last, First, Middle Initial)

Mailing Address 12311 Bonnybridge Lane

City Knoxville State TN Zip Code 37922

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **442.52**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 07 / 2014**

**Transaction ID : A2014-2501678**

Amount of Each Receipt this Period  
**19.24**

**C. Mr. Steve C Plumlee**  
Full Name (Last, First, Middle Initial)

Mailing Address 12311 Bonnybridge Lane

City Knoxville State TN Zip Code 37922

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 21 / 2014**

**Transaction ID : A2014-2530098**

Amount of Each Receipt this Period  
**19.24**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>57.72</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 OF 113
	(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"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Fabian E Polo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4713 Parkhaven Dr.  
City Garland State TX Zip Code 75043  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Select Medical Corporation Occupation Chief Operating Officer (Ex)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 423.28

Date of Receipt  
10 / 24 / 2014  
**Transaction ID : A2014-2386139**  
Amount of Each Receipt this Period  
19.24

**B. Mr. Fabian E Polo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4713 Parkhaven Dr.  
City Garland State TX Zip Code 75043  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Select Medical Corporation Occupation Chief Operating Officer (Ex)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 442.52

Date of Receipt  
11 / 07 / 2014  
**Transaction ID : A2014-2501679**  
Amount of Each Receipt this Period  
19.24

**C. Mr. Fabian E Polo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4713 Parkhaven Dr.  
City Garland State TX Zip Code 75043  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Select Medical Corporation Occupation Chief Operating Officer (Ex)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 461.76

Date of Receipt  
11 / 21 / 2014  
**Transaction ID : A2014-2530099**  
Amount of Each Receipt this Period  
19.24

**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 77 OF 113
	<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. Ms. Budine Pucylowski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 140 Old Vineyard Lane

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

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

Name of Employer Select Medical Corporation	Occupation Vice President of Business Developm
------------------------------------------------	---------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
327.08

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
10	/	24	/	2014

**Transaction ID : A2014-2386140**

Amount of Each Receipt this Period  
19.24

**B. Ms. Budine Pucylowski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 140 Old Vineyard Lane

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

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

Name of Employer Select Medical Corporation	Occupation Vice President of Business Developm
------------------------------------------------	---------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
11	/	07	/	2014

**Transaction ID : A2014-2501680**

Amount of Each Receipt this Period  
19.24

**C. Ms. Budine Pucylowski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 140 Old Vineyard Lane

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

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

Name of Employer Select Medical Corporation	Occupation Vice President of Business Developm
------------------------------------------------	---------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
11	/	21	/	2014

**Transaction ID : A2014-2530100**

Amount of Each Receipt this Period  
19.24

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.72
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 OF 113
	(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**

Full Name (Last, First, Middle Initial) <b>A. Mr. John C Quinn</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014 <b>Transaction ID : A2014-2386141</b>
Mailing Address 381 Longwood Drive		Amount of Each Receipt this Period 76.93
City Meridian	State MS	Zip Code 39305
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1692.46	

Full Name (Last, First, Middle Initial) <b>B. Mr. John C Quinn</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014 <b>Transaction ID : A2014-2501681</b>
Mailing Address 381 Longwood Drive		Amount of Each Receipt this Period 76.93
City Meridian	State MS	Zip Code 39305
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1769.39	

Full Name (Last, First, Middle Initial) <b>C. Mr. John C Quinn</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 <b>Transaction ID : A2014-2530101</b>
Mailing Address 381 Longwood Drive		Amount of Each Receipt this Period 76.93
City Meridian	State MS	Zip Code 39305
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1846.32	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ms. Chandelle L Rhodes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20528 Lagoon Drive  
 City Cornelius State NC Zip Code 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386142**  
 Amount of Each Receipt this Period  
 19.24

**B. Ms. Chandelle L Rhodes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20528 Lagoon Drive  
 City Cornelius State NC Zip Code 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 442.52

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501682**  
 Amount of Each Receipt this Period  
 19.24

**C. Ms. Chandelle L Rhodes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20528 Lagoon Drive  
 City Cornelius State NC Zip Code 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.76

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530102**  
 Amount of Each Receipt this Period  
 19.24

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.72
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mrs. Patricia A Rice**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19640 Gulf Boulevard Apt. 701  
 City Indian Shores State FL Zip Code 33785-2487  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Executive Advisor (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **11 / 19 / 2014**  
**Transaction ID : A2014-2511189**  
 Amount of Each Receipt this Period **5000.00**

**B. Mr. Curtis L Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1909 Byrnes Road  
 City North Augusta State SC Zip Code 29841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **423.28**

Date of Receipt **10 / 24 / 2014**  
**Transaction ID : A2014-2386143**  
 Amount of Each Receipt this Period **19.24**

**C. Mr. Curtis L Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1909 Byrnes Road  
 City North Augusta State SC Zip Code 29841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **442.52**

Date of Receipt **11 / 07 / 2014**  
**Transaction ID : A2014-2501683**  
 Amount of Each Receipt this Period **19.24**

**SUBTOTAL** of Receipts This Page (optional)..... **5038.48**  
**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 81 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Curtis L Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1909 Byrnes Road  
 City North Augusta State SC Zip Code 29841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.76

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530103**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. James H Rogers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 Queens Retreat  
 City Savannah State GA Zip Code 31419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1692.46

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386144**  
 Amount of Each Receipt this Period  
 76.93

**C. Mr. Scott A Romberger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 440 Boyer Street  
 City Halifax State PA Zip Code 17032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014  
**Transaction ID : A2014-2378220**  
 Amount of Each Receipt this Period  
 5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5096.17  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 82 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Doctor Jason Rubel**

Mailing Address 2027 Sun Flower Ct.

City State Zip Code  
Chesterfield MO 63017

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
404.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2014  
**Transaction ID : A2014-2377597**

Amount of Each Receipt this Period  
19.24

Full Name (Last, First, Middle Initial)  
**B. Doctor Jason Rubel**

Mailing Address 2027 Sun Flower Ct.

City State Zip Code  
Chesterfield MO 63017

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
423.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2014  
**Transaction ID : A2014-2530035**

Amount of Each Receipt this Period  
19.24

Full Name (Last, First, Middle Initial)  
**C. Doctor Jason Rubel**

Mailing Address 2027 Sun Flower Ct.

City State Zip Code  
Chesterfield MO 63017

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
442.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2014  
**Transaction ID : A2014-2501716**

Amount of Each Receipt this Period  
19.24

**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 83 OF 113
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Brian R Rusignuolo</b>		Date of Receipt
Mailing Address 1339 Sconsett Way		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City State Zip Code New Cumberland PA 17070		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2014-2386145</b>
Name of Employer Occupation Select Medical Corporation Senior Vice President (Ex)		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="115.38"/>
Aggregate Year-to-Date ▼ <input type="text" value="2038.51"/>		

Full Name (Last, First, Middle Initial) <b>B. Mr. Brian R Rusignuolo</b>		Date of Receipt
Mailing Address 1339 Sconsett Way		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City State Zip Code New Cumberland PA 17070		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2014-2501684</b>
Name of Employer Occupation Select Medical Corporation Senior Vice President (Ex)		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="115.38"/>
Aggregate Year-to-Date ▼ <input type="text" value="2153.89"/>		

Full Name (Last, First, Middle Initial) <b>C. Mr. Brian R Rusignuolo</b>		Date of Receipt
Mailing Address 1339 Sconsett Way		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City State Zip Code New Cumberland PA 17070		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2014-2530104</b>
Name of Employer Occupation Select Medical Corporation Senior Vice President (Ex)		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="115.38"/>
Aggregate Year-to-Date ▼ <input type="text" value="2269.27"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="346.14"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 84 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 304 Beechwood Drive

City Richmond State VA Zip Code 23229

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1692.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386146**

Amount of Each Receipt this Period  
76.93

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

Mailing Address 304 Beechwood Drive

City Richmond State VA Zip Code 23229

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1769.39

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501685**

Amount of Each Receipt this Period  
76.93

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

Mailing Address 304 Beechwood Drive

City Richmond State VA Zip Code 23229

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1846.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530105**

Amount of Each Receipt this Period  
76.93

**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 85 OF 113
	<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. Ms. Beth R Sarfaty**  
Full Name (Last, First, Middle Initial)

Mailing Address 34 Wall Street

City West Long Branch State NJ Zip Code 07764

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **307.84**

Date of Receipt **10 / 17 / 2014**

**Transaction ID : A2014-2377598**

Amount of Each Receipt this Period **19.24**

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

Mailing Address 34 Wall Street

City West Long Branch State NJ Zip Code 07764

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **327.08**

Date of Receipt **10 / 31 / 2014**

**Transaction ID : A2014-2530036**

Amount of Each Receipt this Period **19.24**

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

Mailing Address 34 Wall Street

City West Long Branch State NJ Zip Code 07764

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **346.32**

Date of Receipt **11 / 14 / 2014**

**Transaction ID : A2014-2501717**

Amount of Each Receipt this Period **19.24**

**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: PAGE 86 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Megan P Schmidt**  
 Full Name (Last, First, Middle Initial)  
 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 Select Medical Corporation Occupation Regional President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386147**  
 Amount of Each Receipt this Period  
 115.39

**B. Ms. Megan P Schmidt**  
 Full Name (Last, First, Middle Initial)  
 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 Select Medical Corporation Occupation Regional President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501686**  
 Amount of Each Receipt this Period  
 115.39

**C. Ms. Megan P Schmidt**  
 Full Name (Last, First, Middle Initial)  
 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 Select Medical Corporation Occupation Regional President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530106**  
 Amount of Each Receipt this Period  
 115.39

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

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

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

FOR LINE NUMBER: PAGE 87 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mrs. Vanda L Scott**

Mailing Address P.O. Box 70009

City State Zip Code  
Knoxville TN 37938

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2014  
**Transaction ID : A2014-2378222**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Mrs. Loretta W Sheffield**

Mailing Address 503 North 21st Street

City State Zip Code  
Camp Hill PA 00000

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2014  
**Transaction ID : A2014-2378224**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Linda P Sherman**

Mailing Address 2200 SE 45th Street

City State Zip Code  
Topeka KS 66609

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
423.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386148**

Amount of Each Receipt this Period  
19.24

**SUBTOTAL** of Receipts This Page (optional)..... ► 1519.24

**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 88 OF 113
	<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. Ms. Linda P Sherman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2200 SE 45th Street  
 City Topeka State KS Zip Code 66609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 442.52

Date of Receipt  
 11 / 07 / 2014  
**Transaction ID : A2014-2501687**  
 Amount of Each Receipt this Period  
 19.24

**B. Ms. Linda P Sherman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2200 SE 45th Street  
 City Topeka State KS Zip Code 66609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.76

Date of Receipt  
 11 / 21 / 2014  
**Transaction ID : A2014-2530107**  
 Amount of Each Receipt this Period  
 19.24

**C. Mrs. Gloria J Skinner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1685 North 700 West  
 City Columbus State IN Zip Code 47201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Chief Nursing Officer (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt  
 10 / 24 / 2014  
**Transaction ID : A2014-2386150**  
 Amount of Each Receipt this Period  
 19.24

**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: PAGE 89 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mrs. Gloria J Skinner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1685 North 700 West  
 City Columbus State IN Zip Code 47201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Chief Nursing Officer (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt 11 / 07 / 2014  
**Transaction ID : A2014-2501689**  
 Amount of Each Receipt this Period 19.24

**B. Mrs. Gloria J Skinner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1685 North 700 West  
 City Columbus State IN Zip Code 47201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Chief Nursing Officer (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 11 / 21 / 2014  
**Transaction ID : A2014-2530109**  
 Amount of Each Receipt this Period 19.24

**C. Mr. Jon C Skinner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2524 Matterhorn Ln  
 City Flower Mound State TX Zip Code 75022-7879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1692.46

Date of Receipt 10 / 24 / 2014  
**Transaction ID : A2014-2386149**  
 Amount of Each Receipt this Period 76.93

**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 90 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Jon C Skinner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2524 Matterhorn Ln  
 City Flower Mound State TX Zip Code 75022-7879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1769.39

Date of Receipt  
 11 / 07 / 2014  
**Transaction ID : A2014-2501688**  
 Amount of Each Receipt this Period  
 76.93

**B. Mr. Jon C Skinner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2524 Matterhorn Ln  
 City Flower Mound State TX Zip Code 75022-7879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.32

Date of Receipt  
 11 / 21 / 2014  
**Transaction ID : A2014-2530108**  
 Amount of Each Receipt this Period  
 76.93

**C. Mrs. Jeanne M Slane**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6537 Caldecott Drive  
 City Naples State FL Zip Code 34113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt  
 10 / 24 / 2014  
**Transaction ID : A2014-2386151**  
 Amount of Each Receipt this Period  
 19.24

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	173.10
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Mrs. Jeanne M Slane**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6537 Caldecott Drive  
 City Naples State FL Zip Code 34113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.56**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501690**  
 Amount of Each Receipt this Period  
 19.24

**B. Mrs. Jeanne M Slane**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6537 Caldecott Drive  
 City Naples State FL Zip Code 34113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **384.80**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530110**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Nigel D Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9815 Vistadale Dr  
 City Dallas State TX Zip Code 75238-1529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **423.28**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386152**  
 Amount of Each Receipt this Period  
 19.24

**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 92 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Mr. Nigel D Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 9815 Vistadale Dr

City Dallas State TX Zip Code 75238-1529

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **442.52**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 07 / 2014**

**Transaction ID : A2014-2501691**

Amount of Each Receipt this Period  
**19.24**

**B. Mr. Nigel D Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 9815 Vistadale Dr

City Dallas State TX Zip Code 75238-1529

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 21 / 2014**

**Transaction ID : A2014-2530111**

Amount of Each Receipt this Period  
**19.24**

**C. Ms. Robin R Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 21 Bonnywick Drive

City Harrisburg State PA Zip Code 17111

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.32**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : A2014-2386153**

Amount of Each Receipt this Period  
**19.24**

**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: PAGE 93 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Robin R Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Bonnywick Drive  
 City Harrisburg State PA Zip Code 17111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt  
 11 / 07 / 2014  
**Transaction ID : A2014-2501692**  
 Amount of Each Receipt this Period  
 19.24

**B. Ms. Robin R Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Bonnywick Drive  
 City Harrisburg State PA Zip Code 17111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt  
 11 / 21 / 2014  
**Transaction ID : A2014-2530112**  
 Amount of Each Receipt this Period  
 19.24

**C. Dr. Lisa K Snyder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 567 Nauvoo Road  
 City Lewisberry State PA Zip Code 17339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior VP (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 6500.00

Date of Receipt  
 11 / 19 / 2014  
**Transaction ID : A2014-2511544**  
 Amount of Each Receipt this Period  
 3500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3538.48  
**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 94 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. John J St. Leger**

Mailing Address 634 Blue Ridge Road

City State Zip Code  
Pittsburgh PA 15239

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1461.67

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386154**

Amount of Each Receipt this Period  
76.93

Full Name (Last, First, Middle Initial)  
**B. Mr. John J St. Leger**

Mailing Address 634 Blue Ridge Road

City State Zip Code  
Pittsburgh PA 15239

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1538.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501693**

Amount of Each Receipt this Period  
76.93

Full Name (Last, First, Middle Initial)  
**C. Mr. John J St. Leger**

Mailing Address 634 Blue Ridge Road

City State Zip Code  
Pittsburgh PA 15239

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1615.53

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530113**

Amount of Each Receipt this Period  
76.93

**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 95 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Edward T Stinson</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014 <b>Transaction ID : A2014-2378221</b>
Mailing Address 6 Missionary Drive		Amount of Each Receipt this Period 3000.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Regional President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Kurt S Streepy</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014 <b>Transaction ID : A2014-2386155</b>
Mailing Address 3128 Mattatha Drive		Amount of Each Receipt this Period 19.24
City Bloomington	State IN	Zip Code 47401
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.80	

Full Name (Last, First, Middle Initial) <b>C. Mr. Kurt S Streepy</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2014 <b>Transaction ID : A2014-2501694</b>
Mailing Address 3128 Mattatha Drive		Amount of Each Receipt this Period 19.24
City Bloomington	State IN	Zip Code 47401
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 404.04	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3038.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Mr. Kurt S Streepy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3128 Mattatha Drive  
 City Bloomington State IN Zip Code 47401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530114**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Sean A Stricker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2835 Elm Tree Park  
 City San Antonio State TX Zip Code 78259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386156**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Sean A Stricker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2835 Elm Tree Park  
 City San Antonio State TX Zip Code 78259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 442.52

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501695**  
 Amount of Each Receipt this Period  
 19.24

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.72
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 113
	<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. Mr. Sean A Stricker**  
Full Name (Last, First, Middle Initial)

Mailing Address 2835 Elm Tree Park

City San Antonio State TX Zip Code 78259

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 21 / 2014**

**Transaction ID : A2014-2530115**

Amount of Each Receipt this Period  
**19.24**

**B. Ms. Connie L Strickland**  
Full Name (Last, First, Middle Initial)

Mailing Address 1104 OakTree Drive

City Edmond State OK Zip Code 73025

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.28**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : A2014-2386157**

Amount of Each Receipt this Period  
**19.24**

**C. Ms. Connie L Strickland**  
Full Name (Last, First, Middle Initial)

Mailing Address 1104 OakTree Drive

City Edmond State OK Zip Code 73025

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **442.52**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 07 / 2014**

**Transaction ID : A2014-2501696**

Amount of Each Receipt this Period  
**19.24**

**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 98 OF 113
	<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. Ms. Connie L Strickland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1104 OakTree Drive  
 City Edmond State OK Zip Code 73025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.76

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530116**  
 Amount of Each Receipt this Period  
 19.24

**B. Mrs. Linda K Supplee**  
 Full Name (Last, First, Middle Initial)  
 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 Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386158**  
 Amount of Each Receipt this Period  
 19.24

**c. Mrs. Linda K Supplee**  
 Full Name (Last, First, Middle Initial)  
 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 Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 442.52

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501697**  
 Amount of Each Receipt this Period  
 19.24

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.72
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 113
	<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. Mrs. Linda K Supplee**  
 Full Name (Last, First, Middle Initial)  
 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 Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.76

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530117**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. James J Talalai**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1919 Monterey Drive  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Executive Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 19 / 2014  
**Transaction ID : A2014-2511190**  
 Amount of Each Receipt this Period  
 5000.00

**C. Mr. Thomas N Therout**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10240 Madison  
 City Omaha State NE Zip Code 68127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386159**  
 Amount of Each Receipt this Period  
 115.39

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5134.63
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 100 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Thomas N Therout**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10240 Madison  
 City Omaha State NE Zip Code 68127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501698**  
 Amount of Each Receipt this Period  
 115.39

**B. Mr. Thomas N Therout**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10240 Madison  
 City Omaha State NE Zip Code 68127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530118**  
 Amount of Each Receipt this Period  
 115.39

**C. Mr. Jeffrey D Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6840 N. Park Dr.  
 City North Richland Hills State TX Zip Code 76182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386160**  
 Amount of Each Receipt this Period  
 19.24

**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 101 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Jeffrey D Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6840 N. Park Dr.  
 City North Richland Hills State TX Zip Code 76182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 442.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501699**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Jeffrey D Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6840 N. Park Dr.  
 City North Richland Hills State TX Zip Code 76182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530119**  
 Amount of Each Receipt this Period  
 19.24

**C. Ms. Linda M Tiemens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1558 South Fern Place  
 City Broken Arrow State OK Zip Code 74012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1692.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386161**  
 Amount of Each Receipt this Period  
 76.93

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 113
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Linda M Tiemens</b>		Date of Receipt
Mailing Address 1558 South Fern Place		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City Broken Arrow State OK Zip Code 74012		<b>Transaction ID : A2014-2501700</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Select Medical Corporation Occupation Administrator (Ex)		<input type="text" value="76.93"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1769.39"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Linda M Tiemens</b>		Date of Receipt
Mailing Address 1558 South Fern Place		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City Broken Arrow State OK Zip Code 74012		<b>Transaction ID : A2014-2530120</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Select Medical Corporation Occupation Administrator (Ex)		<input type="text" value="76.93"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1846.32"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Remko van der Voordt</b>		Date of Receipt
Mailing Address 253 Lafayette St Unit A		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City Salem State MA Zip Code 01970		<b>Transaction ID : A2014-2386162</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Select Medical Corporation Occupation Regional Vice President (Ex)		<input type="text" value="19.24"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="346.32"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="173.10"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 103 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Remko van der Voordt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 253 Lafayette St Unit A  
 City Salem State MA Zip Code 01970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt  
 11 / 07 / 2014  
**Transaction ID : A2014-2501701**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Remko van der Voordt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 253 Lafayette St Unit A  
 City Salem State MA Zip Code 01970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt  
 11 / 21 / 2014  
**Transaction ID : A2014-2530121**  
 Amount of Each Receipt this Period  
 19.24

**C. Loran Vocaturo**  
 Full Name (Last, First, Middle Initial)  
 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 Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt  
 10 / 24 / 2014  
**Transaction ID : A2014-2386163**  
 Amount of Each Receipt this Period  
 19.24

**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 104 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)  
**A. Loran Vocaturo**

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 Select Medical Corporation Occupation Vice President (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.56**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 07 / 2014**

**Transaction ID : A2014-2501702**

Amount of Each Receipt this Period  
**19.24**

Full Name (Last, First, Middle Initial)  
**B. Loran Vocaturo**

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 Select Medical Corporation Occupation Vice President (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.80**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 21 / 2014**

**Transaction ID : A2014-2530122**

Amount of Each Receipt this Period  
**19.24**

Full Name (Last, First, Middle Initial)  
**C. Mr. Timothy C Wadman**

Mailing Address 204 Babbling Brook Drive

City Saint Charles State MO Zip Code 63303

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1692.46**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : A2014-2386164**

Amount of Each Receipt this Period  
**76.93**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Timothy C Wadman</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2014 <b>Transaction ID : A2014-2501703</b>
Mailing Address 204 Babbling Brook Drive		Amount of Each Receipt this Period 76.93
City Saint Charles	State MO	Zip Code 63303
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1769.39	

Full Name (Last, First, Middle Initial) <b>B. Mr. Timothy C Wadman</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2014 <b>Transaction ID : A2014-2530123</b>
Mailing Address 204 Babbling Brook Drive		Amount of Each Receipt this Period 76.93
City Saint Charles	State MO	Zip Code 63303
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1846.32	

Full Name (Last, First, Middle Initial) <b>C. Mr. Robert S Ward</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 24 / 2014 <b>Transaction ID : A2014-2386165</b>
Mailing Address 5707 TPC Parkway Apt 1626		Amount of Each Receipt this Period 19.24
City San Antonio	State TX	Zip Code 78261
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.28	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	173.10
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Mr. Robert S Ward**  
 Full Name (Last, First, Middle Initial)  
 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 Select Medical Corporation	Occupation Administrator (Ex)
------------------------------------------------	----------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
442.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501704**

Amount of Each Receipt this Period  
 19.24

**B. Mr. Robert S Ward**  
 Full Name (Last, First, Middle Initial)  
 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 Select Medical Corporation	Occupation Administrator (Ex)
------------------------------------------------	----------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530124**

Amount of Each Receipt this Period  
 19.24

**C. Mr. Randall K Watts**  
 Full Name (Last, First, Middle Initial)  
 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 Select Medical Corporation	Occupation Vice President (Ex)
------------------------------------------------	-----------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
423.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : A2014-2386166**

Amount of Each Receipt this Period  
 19.24

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.72
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 107 OF 113
<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Randall K Watts</b>		Date of Receipt
Mailing Address 200 Pleasant View Drive		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City State Zip Code Etters PA 17319		<b>Transaction ID : A2014-2501705</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.24"/>
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="442.52"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Randall K Watts</b>		Date of Receipt
Mailing Address 200 Pleasant View Drive		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City State Zip Code Etters PA 17319		<b>Transaction ID : A2014-2530125</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.24"/>
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="461.76"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Frank J Weber</b>		Date of Receipt
Mailing Address 456 Sorrel Lane		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City State Zip Code Milton WV 25541		<b>Transaction ID : A2014-2386167</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="76.93"/>
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1461.67"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="115.41"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 108 OF 113  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Frank J Weber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 456 Sorrel Lane  
 City Milton State WV Zip Code 25541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : A2014-2501706**  
 Amount of Each Receipt this Period  
 76.93

**B. Mr. Frank J Weber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 456 Sorrel Lane  
 City Milton State WV Zip Code 25541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.53

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2014  
**Transaction ID : A2014-2530126**  
 Amount of Each Receipt this Period  
 76.93

**C. Mr. Gary A Welch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 503 North 21st Street  
 City Camp Hill State PA Zip Code 00000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Chief Operating Officer (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2014  
**Transaction ID : A2014-2511191**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 653.86  
**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 109 OF 113
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Andrea F White</b>		Date of Receipt
Mailing Address 1817 Jacobs Lane		M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
City	State	Zip Code
Vestavia Hills	AL	35216
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : A2014-2386168</b>
Name of Employer Select Medical Corporation		Amount of Each Receipt this Period
Occupation Administrator (Ex)		19.24
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	423.28	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Andrea F White</b>		Date of Receipt
Mailing Address 1817 Jacobs Lane		M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014
City	State	Zip Code
Vestavia Hills	AL	35216
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : A2014-2501707</b>
Name of Employer Select Medical Corporation		Amount of Each Receipt this Period
Occupation Administrator (Ex)		19.24
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	442.52	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Andrea F White</b>		Date of Receipt
Mailing Address 1817 Jacobs Lane		M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014
City	State	Zip Code
Vestavia Hills	AL	35216
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : A2014-2530127</b>
Name of Employer Select Medical Corporation		Amount of Each Receipt this Period
Occupation Administrator (Ex)		19.24
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	461.76	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.72
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 110 OF 113  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Brian J Williams**  
Mailing Address 9670 Rod Road  
City Alpharetta State GA Zip Code 30022  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **2538.58**

Date of Receipt  
**10 / 24 / 2014**  
**Transaction ID : A2014-2386169**  
Amount of Each Receipt this Period  
**115.39**

Full Name (Last, First, Middle Initial)  
**B. Mr. Brian J Williams**  
Mailing Address 9670 Rod Road  
City Alpharetta State GA Zip Code 30022  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **2653.97**

Date of Receipt  
**11 / 07 / 2014**  
**Transaction ID : A2014-2501708**  
Amount of Each Receipt this Period  
**115.39**

Full Name (Last, First, Middle Initial)  
**C. Mr. Brian J Williams**  
Mailing Address 9670 Rod Road  
City Alpharetta State GA Zip Code 30022  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **2769.36**

Date of Receipt  
**11 / 21 / 2014**  
**Transaction ID : A2014-2530128**  
Amount of Each Receipt this Period  
**115.39**

**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 111 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Juan C Yanes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4143 Stargrass Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **327.08**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
10	/	24	/	2014

**Transaction ID : A2014-2386170**

Amount of Each Receipt this Period  

19.24
-------

**B. Mr. Juan C Yanes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4143 Stargrass Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.32**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
11	/	07	/	2014

**Transaction ID : A2014-2501709**

Amount of Each Receipt this Period  

19.24
-------

**C. Mr. Juan C Yanes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4143 Stargrass Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.56**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
11	/	21	/	2014

**Transaction ID : A2014-2530129**

Amount of Each Receipt this Period  

19.24
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>57.72</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Coleen Zimmerman</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>24</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10		24		2014
M M M	/	D D D	/	Y Y Y Y Y Y								
10		24		2014								
Mailing Address 3804 Bohler Road		<b>Transaction ID : A2014-2386171</b>										
City Appling	State GA	Zip Code 30802										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 76.93											
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1307.81											

Full Name (Last, First, Middle Initial) <b>B. Ms. Coleen Zimmerman</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>07</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11		07		2014
M M M	/	D D D	/	Y Y Y Y Y Y								
11		07		2014								
Mailing Address 3804 Bohler Road		<b>Transaction ID : A2014-2501710</b>										
City Appling	State GA	Zip Code 30802										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 76.93											
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1384.74											

Full Name (Last, First, Middle Initial) <b>C. Ms. Coleen Zimmerman</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>21</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11		21		2014
M M M	/	D D D	/	Y Y Y Y Y Y								
11		21		2014								
Mailing Address 3804 Bohler Road		<b>Transaction ID : A2014-2530130</b>										
City Appling	State GA	Zip Code 30802										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 76.93											
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1461.67											

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.79
<b>TOTAL</b> This Period (last page this line number only).....▶	62502.34



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

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

Full Name (Last, First, Middle Initial)

**A. John F Duggan**

Mailing Address 1764 North Meadow Drive

City Mechanicsburg State PA Zip Code 17055

Purpose of Disbursement  
Employee Refund

010

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 24 / 2014

Transaction ID : B539849

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. Dr. Lisa K Snyder**

Mailing Address 567 Nauvoo Road

City Lewisberry State PA Zip Code 17339

Purpose of Disbursement  
Employee Refund

010

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 24 / 2014

Transaction ID : B539848

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

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

4500.00

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

4500.00