

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Select Medical Corporation PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

Election on / / in the State of

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

Election on / / in the State of

5. Covering Period / / through / /

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

Walters, William, , ,

Type or Print Name of Treasurer

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

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

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

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Select Medical Corporation PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		123214.65
(b) Cash on Hand at Beginning of Reporting Period.....	139006.64	
(c) Total Receipts (from Line 19)	38021.33	286813.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	177027.97	410027.97
7. Total Disbursements (from Line 31).....	66961.53	299961.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	110066.44	110066.44
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Select Medical Corporation PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2018 To: M M / D D / Y Y Y Y 11 / 26 / 2018

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).....	37713.63	240461.99
(ii) Unitemized	307.70	33451.33
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	38021.33	273913.32
(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)	38021.33	273913.32
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	12900.00
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)).....▶	38021.33	286813.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	38021.33	286813.32

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	67000.00	298500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	- 38.47	- 38.47
(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)).....	- 38.47	- 38.47
29. Other Disbursements (Including Non-Federal Donations).....	0.00	1500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	66961.53	299961.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66961.53	299961.53

DETAILED SUMMARY PAGE
of Disbursements

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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)	38021.33	273913.32
34. Total Contribution Refunds (from Line 28(d))	- 38.47	- 38.47
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38059.80	273951.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 114
	<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. Abbate, Whitney, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 Brockmore Drive
 Suite 1050
 City Greenville State SC Zip Code 29605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Director of Case Managemen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143910
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Alverzo, Joan, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 152 Old Landing Road
 City Ocean City State MD Zip Code 21842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143285
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Anderson, Monica, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5810 Main St
 Suite 1050
 City Mc Farland State WI Zip Code 53558-9602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143961
 Amount of Each Receipt this Period 38.47
 Memo Item

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

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

Form/Schedule: SA11AI
Transaction ID :

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

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 114
	<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. Bahl, Derek, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Tavern House Hill
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1538.60

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143955
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Barker, Mary, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 Burnam Wood Court
 City Mount Laurel State NJ Zip Code 08054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143266
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Bechtel, Melinda, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 Parkview Road Suite 1050
 City New Cumberland State PA Zip Code 17070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1538.60

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143957
 Amount of Each Receipt this Period 76.93
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 114
	<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. Beers, Melissa, M, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 735 Meadow Dr
 City Camp Hill State PA Zip Code 17011-1720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Chief Nursing Officer - LT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143276
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Bein, Robert, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 545 Mud College Road
 City Littlestown State PA Zip Code 17340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1538.60

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143952
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Bencomo, Dionisio, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2851 SW 137 Court
 City Miami State FL Zip Code 33175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200176
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 114
	<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. Bencomo, Dionisio, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2851 SW 137 Court

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

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

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

Aggregate Year-to-Date ▼
2423.19

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2018
Transaction ID : A2018-2379893

Amount of Each Receipt this Period
 115.39

Memo Item

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

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
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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
 11 / 02 / 2018
Transaction ID : A2018-2432722

Amount of Each Receipt this Period
 115.39

Memo Item

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

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

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

Aggregate Year-to-Date ▼
2653.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2018
Transaction ID : A2018-2470264

Amount of Each Receipt this Period
 115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 114
	<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. Bender, James, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6126 Charing Cross

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

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

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

Transaction ID : A2018-3143269

Amount of Each Receipt this Period
38.47

Memo Item

B. Berkstresser, Joedy, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2636 Chadbourne Drive

City York	State PA	Zip Code 17404
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
1538.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

Transaction ID : A2018-3143956

Amount of Each Receipt this Period
76.93

Memo Item

C. Blake, Kelly, L, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3269 Blue Goose Road

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
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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
10		05		2018

Transaction ID : A2018-3143898

Amount of Each Receipt this Period
19.24

Memo Item

SUBTOTAL of Receipts This Page (optional).....	134.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 114
	<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. Bodek, Rose, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Bender Dr
 Suite 1050
 City Carrolltown State PA Zip Code 15722-6909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Director of Case Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143287
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Boland, Torianne, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Hunters Chase
 City Etters State PA Zip Code 17319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143585
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Bolcavage, Theodore, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 207 Bryant St
 City Mechanicsburg State PA Zip Code 17050-4148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1577.06

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200159
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 207 Bryant St

City Mechanicsburg	State PA	Zip Code 17050-4148
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1692.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2018

Transaction ID : A2018-2379876

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 207 Bryant St

City Mechanicsburg	State PA	Zip Code 17050-4148
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1807.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2018

Transaction ID : A2018-2432705

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 207 Bryant St

City Mechanicsburg	State PA	Zip Code 17050-4148
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1923.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2018

Transaction ID : A2018-2470247

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Boutwell, Bobby, W, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 Preston Glen Cir
 City Canton State GA Zip Code 30114-4163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143891
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Bradley, Daniel, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2261 Turk Road
 City Doylestown State PA Zip Code 18901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.20

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200168
 Amount of Each Receipt this Period 192.31
 Memo Item

C. Bradley, Daniel, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2261 Turk Road
 City Doylestown State PA Zip Code 18901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4038.51

Date of Receipt 10 / 19 / 2018
Transaction ID : A2018-2379885
 Amount of Each Receipt this Period 192.31
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	403.86
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 15 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 2261 Turk Road

City Doylestown	State PA	Zip Code 18901
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4230.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2018

Transaction ID : A2018-2432714

Amount of Each Receipt this Period
192.31

Memo Item

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

Mailing Address 2261 Turk Road

City Doylestown	State PA	Zip Code 18901
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4423.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2018

Transaction ID : A2018-2470256

Amount of Each Receipt this Period
192.31

Memo Item

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

Mailing Address 613 Carrie Drive

City Dallastown	State PA	Zip Code 17313
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1538.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

Transaction ID : A2018-3143271

Amount of Each Receipt this Period
76.93

Memo Item

SUBTOTAL of Receipts This Page (optional).....	461.55
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Brozowsky, Diane, M, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1795 Alpine Ave
 City Boulder State CO Zip Code 80304-3649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143892
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Buchs, Josceylon, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 N 24th Street Suite 1050
 City Camp Hill State PA Zip Code 17011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143255
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Butler, Scott, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8866 Nevada Drive
 City Newburgh State IN Zip Code 47630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) CEO/Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143899
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	76.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 114
	<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. Butt, Zaahra, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4158 Cherrywood Suite 1050
 City Troy State MI Zip Code 48098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143584
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Campbell, Matthew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2910 Pimlico Ln
 City Saginaw State MI Zip Code 48603-6190
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143933
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Canard, Robert, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 316 Woodlands Green Pl.
 City Brandon State MS Zip Code 39047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143916
 Amount of Each Receipt this Period 38.47
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 114
	<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. Cannon, Matthew, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19073 Twilight Trl
 City Eden Prairie State MN Zip Code 55346-4047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200195
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Cannon, Matthew, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19073 Twilight Trl
 City Eden Prairie State MN Zip Code 55346-4047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 19 / 2018
Transaction ID : A2018-2379912
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Cannon, Matthew, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19073 Twilight Trl
 City Eden Prairie State MN Zip Code 55346-4047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 11 / 02 / 2018
Transaction ID : A2018-2432741
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 114
	<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. Cannon, Matthew, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19073 Twilight Trl
 City Eden Prairie State MN Zip Code 55346-4047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 16 / 2018
Transaction ID : A2018-2470236
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Carter, Christopher, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 20344
 City Knoxville State TN Zip Code 37940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Director of Case Managemen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143905
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Castroman, Marinella, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2971 Stanfield Avenue
 City Orlando State FL Zip Code 32814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143262
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 114
	<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. Chambers, Jason, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1415 Aaron Creek Drive
 City Fisherville State KY Zip Code 40023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1577.06

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200171
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Chambers, Jason, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1415 Aaron Creek Drive
 City Fisherville State KY Zip Code 40023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1692.45

Date of Receipt 10 / 19 / 2018
Transaction ID : A2018-2379888
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Chambers, Jason, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1415 Aaron Creek Drive
 City Fisherville State KY Zip Code 40023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1807.84

Date of Receipt 11 / 02 / 2018
Transaction ID : A2018-2432717
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 114
	<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. Chambers, Jason, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1415 Aaron Creek Drive
 City Fisherville State KY Zip Code 40023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.23

Date of Receipt
 11 / 16 / 2018
Transaction ID : A2018-2470259
 Amount of Each Receipt this Period
 115.39
 Memo Item

B. Changet, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6196 Grovedell St
 City Magnolia State OH Zip Code 44643-9702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Chief Nursing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt
 10 / 05 / 2018
Transaction ID : A2018-3143901
 Amount of Each Receipt this Period
 19.24
 Memo Item

C. Chernow, David, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 Gladstone Court
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3653.89

Date of Receipt
 10 / 05 / 2018
Transaction ID : A2018-2200188
 Amount of Each Receipt this Period
 192.31
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	326.94
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 700 Gladstone Court

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3846.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2018

Transaction ID : A2018-2379905

Amount of Each Receipt this Period
192.31

Memo Item

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

Mailing Address 700 Gladstone Court

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4038.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2018

Transaction ID : A2018-2432734

Amount of Each Receipt this Period
192.31

Memo Item

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

Mailing Address 700 Gladstone Court

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4230.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2018

Transaction ID : A2018-2470229

Amount of Each Receipt this Period
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 114
	<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. Choinski, Stacey, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8861 Morgan Landing Way
 City Boynton Beach State FL Zip Code 33473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143906
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Comer, Melinda, D, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 503 Peach Spring
 City Houston State TX Zip Code 77037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143260
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Costello, Jodi, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4649 Montrose Avenue Suite 1050
 City Boardman State OH Zip Code 44512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143258
 Amount of Each Receipt this Period 19.24
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Curnane, Carolyn, N, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1615 Linda Drive

City West Chester	State PA	Zip Code 19380
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

Transaction ID : A2018-3143263

Amount of Each Receipt this Period
19.24

Memo Item

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

Mailing Address 1211 High Hollow

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3846.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

Transaction ID : A2018-2200177

Amount of Each Receipt this Period
192.31

Memo Item

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

Mailing Address 1211 High Hollow

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4038.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2018

Transaction ID : A2018-2379894

Amount of Each Receipt this Period
192.31

Memo Item

SUBTOTAL of Receipts This Page (optional).....	403.86
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 25 OF 114
	<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. Davis, Brian, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1211 High Hollow

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4230.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2018

Transaction ID : A2018-2432723

Amount of Each Receipt this Period
192.31

Memo Item

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

Mailing Address 1211 High Hollow

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4423.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2018

Transaction ID : A2018-2470265

Amount of Each Receipt this Period
192.31

Memo Item

C. Dawson, Zackary, L, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4109 Cherokee Cir

City Fort Smith	State AR	Zip Code 72903-5403
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2018

Transaction ID : A2018-3143943

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	423.09
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 114
	<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. Dean, Stefanie, A, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1019 Peggy Dr
 City Hummelstown State PA Zip Code 17036-9030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143267
 Amount of Each Receipt this Period 115.39
 Memo Item

B. DeBlouw, Christina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27539 Irwin Rd Suite 1050
 City Richmond State MI Zip Code 48062-2636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143946
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Deemer, Miriam, R, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 285 Merriweather Rd
 City Grosse Pointe Farms State MI Zip Code 48236-3428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200190
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 114
	<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. Deemer, Miriam, R, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 285 Merriweather Rd

City Grosse Pointe Farms	State MI	Zip Code 48236-3428
-----------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2423.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2018

Transaction ID : A2018-2379907

Amount of Each Receipt this Period
115.39

Memo Item

B. Deemer, Miriam, R, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 285 Merriweather Rd

City Grosse Pointe Farms	State MI	Zip Code 48236-3428
-----------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2018

Transaction ID : A2018-2432736

Amount of Each Receipt this Period
115.39

Memo Item

C. Deemer, Miriam, R, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 285 Merriweather Rd

City Grosse Pointe Farms	State MI	Zip Code 48236-3428
-----------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2653.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2018

Transaction ID : A2018-2470231

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 114
	<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. DeGumbia, David, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 383 Pattonwood Dr
 City Southington State CT Zip Code 06489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200185
 Amount of Each Receipt this Period 115.39
 Memo Item

B. DeGumbia, David, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 383 Pattonwood Dr
 City Southington State CT Zip Code 06489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 19 / 2018
Transaction ID : A2018-2379902
 Amount of Each Receipt this Period 115.39
 Memo Item

C. DeGumbia, David, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 383 Pattonwood Dr
 City Southington State CT Zip Code 06489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 11 / 02 / 2018
Transaction ID : A2018-2432731
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 114
	<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. DeGumbia, David, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 383 Pattonwood Dr
 City Southington State CT Zip Code 06489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 16 / 2018
Transaction ID : A2018-2470226
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Dishner, Kerry, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 Downing Pl Suite 1050
 City Mechanicsburg State PA Zip Code 17050-6881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200189
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Dishner, Kerry, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 Downing Pl Suite 1050
 City Mechanicsburg State PA Zip Code 17050-6881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 19 / 2018
Transaction ID : A2018-2379906
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 114
	<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. Dishner, Kerry, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 Downing Pl
 Suite 1050
 City Mechanicsburg State PA Zip Code 17050-6881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 11 / 02 / 2018
Transaction ID : A2018-2432735
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Dishner, Kerry, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 Downing Pl
 Suite 1050
 City Mechanicsburg State PA Zip Code 17050-6881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 16 / 2018
Transaction ID : A2018-2470230
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Donahoe, Lauren, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2385 Mount Vernon Ave
 City Export State PA Zip Code 15632-9026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143903
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 114
	<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. Driscoll, Philip, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 Van Doren Way
 City Belle Mead State NJ Zip Code 08502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143284
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Engelhardt, David, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2772 Irene Circle
 City Roseville State MN Zip Code 55113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143265
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Farley, Kyle, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13316 E 93rd St
 City Kansas City State MO Zip Code 64138-5000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200184
 Amount of Each Receipt this Period 38.47
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Farley, Kyle, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13316 E 93rd St
 City Kansas City State MO Zip Code 64138-5000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 807.87

Date of Receipt 10 / 19 / 2018
Transaction ID : A2018-237901
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Farley, Kyle, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13316 E 93rd St
 City Kansas City State MO Zip Code 64138-5000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.34

Date of Receipt 11 / 02 / 2018
Transaction ID : A2018-2432730
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Farley, Kyle, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13316 E 93rd St
 City Kansas City State MO Zip Code 64138-5000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 884.81

Date of Receipt 11 / 16 / 2018
Transaction ID : A2018-2470225
 Amount of Each Receipt this Period 38.47
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 114
	<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. Fenn, Jeffrey, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3811 Glen Arbor Ct NE
 City Brookhaven State GA Zip Code 30319-1870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143275
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Finkbeiner, Paul, G, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Strayer Drive
 City Carlisle State PA Zip Code 17013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143256
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Finnegan, Patti, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 939 Arlington Glen Drive
 City Fenton State MO Zip Code 63026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143887
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	76.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Fucci, Thomas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5024 Westbury Farms Dr

City Erie	State PA	Zip Code 16506-6120
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.80

Date of Receipt
10 / 05 / 2018
Transaction ID : A2018-3143894

Amount of Each Receipt this Period
19.24

Memo Item

B. Gardner, Scott, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 611 Fairground Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.80

Date of Receipt
10 / 05 / 2018
Transaction ID : A2018-3143909

Amount of Each Receipt this Period
19.24

Memo Item

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

Mailing Address 3903 West Sailboat Drive

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
404.04

Date of Receipt
10 / 12 / 2018
Transaction ID : A2018-2337428

Amount of Each Receipt this Period
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 114
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Gasse, Suzanne, D, Ms.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2018 Transaction ID : A2018-2400150
Mailing Address 3903 West Sailboat Drive		Amount of Each Receipt this Period 19.24
City Pembroke Pines	State FL	Zip Code 33026
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.28	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gasse, Suzanne, D, Ms.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2018 Transaction ID : A2018-2470243
Mailing Address 3903 West Sailboat Drive		Amount of Each Receipt this Period 19.24
City Pembroke Pines	State FL	Zip Code 33026
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.52	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Gasse, Suzanne, D, Ms.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2018 Transaction ID : A2018-2594263
Mailing Address 3903 West Sailboat Drive		Amount of Each Receipt this Period 19.24
City Pembroke Pines	State FL	Zip Code 33026
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 461.76	

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 36 OF 114
	<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. Glenn, Daphne, H, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7930 Royal Fern Court

City Liberty Township	State OH	Zip Code 45044
--------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2018

Transaction ID : A2018-3143589

Amount of Each Receipt this Period
19.24

Memo Item

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

Mailing Address 35 Mallard Lane

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

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

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

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	/	12	/	2018

Transaction ID : A2018-2337427

Amount of Each Receipt this Period
19.24

Memo Item

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

Mailing Address 35 Mallard Lane

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

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

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

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	/	26	/	2018

Transaction ID : A2018-2400149

Amount of Each Receipt this Period
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 35 Mallard Lane

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

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

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

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	/	09	/	2018

Transaction ID : A2018-2470242

Amount of Each Receipt this Period
19.24

Memo Item

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

Mailing Address 35 Mallard Lane

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

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

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

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	/	23	/	2018

Transaction ID : A2018-2594262

Amount of Each Receipt this Period
19.24

Memo Item

C. Grams, Shannon, L, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1412 S 37th St

City Fort Smith	State AR	Zip Code 72903-2945
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2018

Transaction ID : A2018-3143942

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	76.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 114
	<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. Grigonis, Antony, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1636 Lowell Lane
 City New Cumberland State PA Zip Code 17070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1538.60

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143953
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Hamilton, Randal, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 Pelican Way
 City Panama City Beach State FL Zip Code 32408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143926
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Hammaker, Lora, K, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 East Red Gold Circle
 City Camp Hill State PA Zip Code 17011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143277
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	134.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 114
	<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. Hammerman, Samuel, I, Doctor, I.

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

Mailing Address 6 Windy Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3846.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

Transaction ID : A2018-2200192

Amount of Each Receipt this Period
192.31

Memo Item

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

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

Mailing Address 6 Windy Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4038.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2018

Transaction ID : A2018-2379909

Amount of Each Receipt this Period
192.31

Memo Item

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

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

Mailing Address 6 Windy Drive

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4230.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2018

Transaction ID : A2018-2432738

Amount of Each Receipt this Period
192.31

Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.93
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 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Hammerman, Samuel, I, Doctor, I.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Windy Drive
 City Shavertown State PA Zip Code 18708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4423.13

Date of Receipt 11 / 16 / 2018
Transaction ID : A2018-2470233
 Amount of Each Receipt this Period 192.31
 Memo Item

B. Hammett, Elizabeth, G, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1279 Samuel Rd
 City West Chester State PA Zip Code 19380-1067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143908
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Hanson, Brent, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12055 Sabo Rd Apt 824
 City Houston State TX Zip Code 77089-6289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143919
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 114
	<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. Heath, William, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4025 Ridgewood Rd
 Suite 1050
 City Jackson State MS Zip Code 39211-6469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143890
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Hedeman, Robin, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 W Main St PO 194
 City Brookside State NJ Zip Code 07926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200178
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Hedeman, Robin, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 W Main St PO 194
 City Brookside State NJ Zip Code 07926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt 10 / 19 / 2018
Transaction ID : A2018-2379895
 Amount of Each Receipt this Period 19.24
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 114
	<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. Hedeman, Robin, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 W Main St PO 194
 City Brookside State NJ Zip Code 07926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt 11 / 02 / 2018
Transaction ID : A2018-2432724
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Hedeman, Robin, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 W Main St PO 194
 City Brookside State NJ Zip Code 07926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 442.52

Date of Receipt 11 / 16 / 2018
Transaction ID : A2018-2470219
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Hollenbach, John, T, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3607 Weymouth Drive
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143966
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 114
	<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. Huffman, David, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2915 Arcona Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2307.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

Transaction ID : A2018-3143288

Amount of Each Receipt this Period
115.39

Memo Item

B. Hunter, Bridgette, L, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1305 Zarda Ln

City Kansas City	State KS	Zip Code 66109-7859
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

Transaction ID : A2018-3143945

Amount of Each Receipt this Period
38.47

Memo Item

C. Idoine-Fries, Julie, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2637 E 130th St

City Cleveland	State OH	Zip Code 44120-1451
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
384.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

Transaction ID : A2018-3143588

Amount of Each Receipt this Period
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 114
	<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. James, Stephanie, R, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 Parkins Mill Rd.
 City Greenville State SC Zip Code 29607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200187
 Amount of Each Receipt this Period 115.39
 Memo Item

B. James, Stephanie, R, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 Parkins Mill Rd.
 City Greenville State SC Zip Code 29607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 19 / 2018
Transaction ID : A2018-2379904
 Amount of Each Receipt this Period 115.39
 Memo Item

C. James, Stephanie, R, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 Parkins Mill Rd.
 City Greenville State SC Zip Code 29607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 11 / 02 / 2018
Transaction ID : A2018-2432733
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 114
	<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. James, Stephanie, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 740 Parkins Mill Rd.

City Greenville	State SC	Zip Code 29607
--------------------	-------------	-------------------

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

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

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	/	16	/	2018

Transaction ID : A2018-2470228

Amount of Each Receipt this Period
115.39

Memo Item

B. Jennings, Deborah, S, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14146 George Road

City San Antonio	State TX	Zip Code 78231
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2018

Transaction ID : A2018-3143959

Amount of Each Receipt this Period
38.47

Memo Item

C. Jewett, Harry, M, Mr., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Parsons Farm Lane

City Old Lyme	State CT	Zip Code 06371
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1538.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2018

Transaction ID : A2018-3143951

Amount of Each Receipt this Period
76.93

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 OF 114
	(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. Johnson, Glenn, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 SW Ascot Dr
 Suite 1050
 City Lees Summit State MO Zip Code 64082-4425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Director of Admissions - Inp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143274
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Johnston, Gary, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8120 Viburnum Ct
 City Tallahassee State FL Zip Code 32312-5701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Chief Nursing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143962
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Jones, Darrell, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Rundle Lane
 City Summerville State SC Zip Code 29483
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143950
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	96.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 114
	<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. Judd, Patricia, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Pheasant Run

City Gladstone	State NJ	Zip Code 07934
-------------------	-------------	-------------------

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

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

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
10		05		2018

Transaction ID : A2018-3143283

Amount of Each Receipt this Period
19.24

Memo Item

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

Mailing Address 13 Hopper Dr.

City Goddard	State KS	Zip Code 67052
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

Transaction ID : A2018-3143941

Amount of Each Receipt this Period
38.47

Memo Item

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

Mailing Address 1750 Eliza Way

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1538.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

Transaction ID : A2018-2200175

Amount of Each Receipt this Period
76.93

Memo Item

SUBTOTAL of Receipts This Page (optional).....	134.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 1750 Eliza Way

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1615.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2018

Transaction ID : A2018-2379892

Amount of Each Receipt this Period
76.93

Memo Item

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

Mailing Address 1750 Eliza Way

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2018

Transaction ID : A2018-2432721

Amount of Each Receipt this Period
76.93

Memo Item

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

Mailing Address 1750 Eliza Way

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1769.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2018

Transaction ID : A2018-2470263

Amount of Each Receipt this Period
76.93

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 114
	<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. Kida, Sue, A, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 89 Powder Mill Road

City Morris Plains	State NJ	Zip Code 07950
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2018

Transaction ID : A2018-2347369

Amount of Each Receipt this Period
3000.00

Memo Item

B. Kido, Robert, S, , Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1205 E Powderhorn Rd Suite 1050

City Mechanicsburg	State PA	Zip Code 17050-2011
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Director of Finance - LTACH
---	--

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
10		05		2018

Transaction ID : A2018-3143904

Amount of Each Receipt this Period
19.24

Memo Item

C. Kingston, Peggy, L, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 228 Brewster

City Rochester Hills	State MI	Zip Code 48309
-------------------------	-------------	-------------------

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

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

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
10		05		2018

Transaction ID : A2018-3143273

Amount of Each Receipt this Period
19.24

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3038.48
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 50 OF 114
	<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. Knight, Wilma, D, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5167 Carlson Dairy Road
 City Summerfield State NC Zip Code 27358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143965
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Koppenhaver, Kathleen, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Woodland Ave
 City Hershey State PA Zip Code 17033-2156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1538.60

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143960
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Kostelec, Wendy, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4983 Saddlebrook Dr.
 City Harrisburg State PA Zip Code 17112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143913
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	211.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 OF 114
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Kozorosky, Laurie, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1278 W 9th St
 City Cleveland State OH Zip Code 44113-1028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143257
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Kundu, Nabarun, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 955 Bluff Ridge Dr
 City Columbus State OH Zip Code 43235-1725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143964
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Kurmakov, Aleksey, N, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2409 W Bayberry Dr
 City Harrisburg State PA Zip Code 17112-1040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200160
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 114
	<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. Kurmakov, Aleksey, N, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2409 W Bayberry Dr
 City Harrisburg State PA Zip Code 17112-1040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 19 / 2018
Transaction ID : A2018-2379877
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Kurmakov, Aleksey, N, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2409 W Bayberry Dr
 City Harrisburg State PA Zip Code 17112-1040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 11 / 02 / 2018
Transaction ID : A2018-2432706
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Kurmakov, Aleksey, N, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2409 W Bayberry Dr
 City Harrisburg State PA Zip Code 17112-1040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 16 / 2018
Transaction ID : A2018-2470248
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 114
	<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. Lacey, Mary, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Sunfire Avenue
 City Camp Hill State PA Zip Code 17011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143280
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Lewandowski, Bernard, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Joseph Drive
 City Boiling Springs State PA Zip Code 17007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200174
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Lewandowski, Bernard, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Joseph Drive
 City Boiling Springs State PA Zip Code 17007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 19 / 2018
Transaction ID : A2018-2379891
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 114
	<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. Lewandowski, Bernard, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Joseph Drive

City Boiling Springs	State PA	Zip Code 17007
-------------------------	-------------	-------------------

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

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

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
 11 / 02 / 2018
Transaction ID : A2018-2432720

Amount of Each Receipt this Period
 115.39

Memo Item

B. Lewandowski, Bernard, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Joseph Drive

City Boiling Springs	State PA	Zip Code 17007
-------------------------	-------------	-------------------

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

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

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 / 16 / 2018
Transaction ID : A2018-2470262

Amount of Each Receipt this Period
 115.39

Memo Item

C. Lindley, Lauren, B, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 Indian Bayou Drive

City Destin	State FL	Zip Code 32541
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
807.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2018
Transaction ID : A2018-2337426

Amount of Each Receipt this Period
 38.47

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 114
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 36 Indian Bayou Drive

City Destin	State FL	Zip Code 32541
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
846.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2018

Transaction ID : A2018-2400148

Amount of Each Receipt this Period

38.47

 Memo Item

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

Mailing Address 36 Indian Bayou Drive

City Destin	State FL	Zip Code 32541
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
884.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2018

Transaction ID : A2018-2470241

Amount of Each Receipt this Period

38.47

 Memo Item

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

Mailing Address 36 Indian Bayou Drive

City Destin	State FL	Zip Code 32541
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
923.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2018

Transaction ID : A2018-2594261

Amount of Each Receipt this Period

38.47

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 114
	<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. Lopez, Elvira, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Oakdale
 City Floresville State TX Zip Code 78114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Director of Case Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143907
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Lutes, Adriane, L, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 River Chase Way
 City Ormond Beach State FL Zip Code 32174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143253
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Mach, Robert, W, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8270 Castles Ct
 City Kalamazoo State MI Zip Code 49009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143929
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	76.95
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 114
	<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. Madonna, Andrea, L, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1350 Skelp Level Road

City Downingtown	State PA	Zip Code 19335
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

Transaction ID : A2018-3143939

Amount of Each Receipt this Period
38.47

Memo Item

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

Mailing Address 4145 Serenity Street

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2307.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

Transaction ID : A2018-2200167

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 4145 Serenity Street

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2423.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2018

Transaction ID : A2018-2379884

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 114
	<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. Malatesta, Michael, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4145 Serenity Street

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2018

Transaction ID : A2018-2432713

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 4145 Serenity Street

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2653.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2018

Transaction ID : A2018-2470255

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 1060 Trevorton Road

City Coal Township	State PA	Zip Code 17866
-----------------------	-------------	-------------------

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

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

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
10	/	05	/	2018

Transaction ID : A2018-3143286

Amount of Each Receipt this Period
19.24

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 114
	<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. Marks, Kendra, K, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6035 Hilmar Dr
 City Westerville State OH Zip Code 43082-9363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143889
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Marshall, Christopher, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4966 Cline Hollow Road
 City Export State PA Zip Code 15632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.95

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200162
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Marshall, Christopher, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4966 Cline Hollow Road
 City Export State PA Zip Code 15632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 596.34

Date of Receipt 10 / 19 / 2018
Transaction ID : A2018-2379879
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 114
	<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. Marshall, Christopher, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4966 Cline Hollow Road
 City Export State PA Zip Code 15632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 711.73

Date of Receipt 11 / 02 / 2018
Transaction ID : A2018-2432708
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Marshall, Christopher, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4966 Cline Hollow Road
 City Export State PA Zip Code 15632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 827.12

Date of Receipt 11 / 16 / 2018
Transaction ID : A2018-2470250
 Amount of Each Receipt this Period 115.39
 Memo Item

C. McAlister, Michael, H, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Brighton Court
 City Heath State TX Zip Code 75032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.15

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143590
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 114
	<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. McCarter, Donald, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 606 Harvest Drive
 City Telford State PA Zip Code 18969-2200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1538.60

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143264
 Amount of Each Receipt this Period 76.93
 Memo Item

B. McLain, Cynthia, G, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1120 South Albert Pike
 City Fort Smith State AR Zip Code 72903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200179
 Amount of Each Receipt this Period 115.39
 Memo Item

C. McLain, Cynthia, G, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1120 South Albert Pike
 City Fort Smith State AR Zip Code 72903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 19 / 2018
Transaction ID : A2018-2379896
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 114
	<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. McLain, Cynthia, G, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1120 South Albert Pike
 City Fort Smith State AR Zip Code 72903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 11 / 02 / 2018
Transaction ID : A2018-2432725
 Amount of Each Receipt this Period 115.39
 Memo Item

B. McLain, Cynthia, G, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1120 South Albert Pike
 City Fort Smith State AR Zip Code 72903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 16 / 2018
Transaction ID : A2018-2470220
 Amount of Each Receipt this Period 115.39
 Memo Item

C. McLane, Kerry, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3514 Dragons Rdg PO Box 27007
 City Panama City State FL Zip Code 32411-7007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143289
 Amount of Each Receipt this Period 38.47
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 114
	<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. McMullen, John, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 207 Beech St
 City Shavertown State PA Zip Code 18708-1205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143963
 Amount of Each Receipt this Period 38.47
 Memo Item

B. McNulty, James, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 Woodside Avenue
 City Narberth State PA Zip Code 19072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200166
 Amount of Each Receipt this Period 115.39
 Memo Item

C. McNulty, James, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 Woodside Avenue
 City Narberth State PA Zip Code 19072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President of Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 19 / 2018
Transaction ID : A2018-2379883
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 114
	<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. McNulty, James, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 Woodside Avenue

City Narberth	State PA	Zip Code 19072
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2538.58

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		02		2018

Transaction ID : A2018-2432712

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 208 Woodside Avenue

City Narberth	State PA	Zip Code 19072
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2653.97

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		16		2018

Transaction ID : A2018-2470254

Amount of Each Receipt this Period
115.39

Memo Item

C. Meade, Andrew, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 185 Timber Falls Dr

City Longview	State TX	Zip Code 75605-8288
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2018

Transaction ID : A2018-3143928

Amount of Each Receipt this Period
38.47

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 114
	<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. Mena, Theodore, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4425 Indian Deer Rd
 City Windermere State FL Zip Code 34786-3182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143927
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Metz, Amy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1247 Dog Bluff
 City Galivants Ferry State SC Zip Code 29544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143922
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Muggli, David, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5850 Dripping Rock Ln Unit B102
 City Fort Collins State CO Zip Code 80528-7230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143947
 Amount of Each Receipt this Period 38.47
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 114
	<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. Mullin, Thomas, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 St James Court

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2307.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

Transaction ID : A2018-2200181

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 215 St James Court

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2423.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2018

Transaction ID : A2018-2379898

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 215 St James Court

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2018

Transaction ID : A2018-2432727

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mullin, Thomas, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 St James Court
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 16 / 2018
Transaction ID : A2018-2470222
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Mumma, Michael, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5782 Stillwell Court
 City Harrisburg State PA Zip Code 17112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200172
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Mumma, Michael, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5782 Stillwell Court
 City Harrisburg State PA Zip Code 17112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 807.87

Date of Receipt 10 / 19 / 2018
Transaction ID : A2018-2379889
 Amount of Each Receipt this Period 38.47
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mumma, Michael, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5782 Stillwell Court

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
846.34

Date of Receipt
 11 / 02 / 2018
Transaction ID : A2018-2432718

Amount of Each Receipt this Period
38.47

Memo Item

B. Mumma, Michael, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5782 Stillwell Court

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
884.81

Date of Receipt
 11 / 16 / 2018
Transaction ID : A2018-2470260

Amount of Each Receipt this Period
38.47

Memo Item

C. Naselli Jr., Francis, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 655 North Heilbron Drive

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.78

Date of Receipt
 10 / 26 / 2018
Transaction ID : A2018-2400147

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 114
	<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. Naselli Jr., Francis, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 655 North Heilbron Drive
 City Media State PA Zip Code 19063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt 11 / 09 / 2018
Transaction ID : A2018-2470240
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Naselli Jr., Francis, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 655 North Heilbron Drive
 City Media State PA Zip Code 19063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 11 / 23 / 2018
Transaction ID : A2018-2594260
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Nichols, Gregory, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 Highpointe Ridge
 City Prattville State AL Zip Code 36066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President of Network Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200183
 Amount of Each Receipt this Period 38.47
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 114
	<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. Nichols, Gregory, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 Highpointe Ridge

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
807.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2018

Transaction ID : A2018-2379900

Amount of Each Receipt this Period
38.47

Memo Item

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

Mailing Address 303 Highpointe Ridge

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
846.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2018

Transaction ID : A2018-2432729

Amount of Each Receipt this Period
38.47

Memo Item

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

Mailing Address 303 Highpointe Ridge

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
923.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2018

Transaction ID : A2018-2470224

Amount of Each Receipt this Period
76.93

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 114
	<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. Noro, Sharon, A, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 3rd St
 City Aspinwall State PA Zip Code 15215-2904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200186
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Noro, Sharon, A, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 3rd St
 City Aspinwall State PA Zip Code 15215-2904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 19 / 2018
Transaction ID : A2018-2379903
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Noro, Sharon, A, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 3rd St
 City Aspinwall State PA Zip Code 15215-2904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 11 / 02 / 2018
Transaction ID : A2018-2432732
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 114
	<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. Noro, Sharon, A, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 3rd St
 City Aspinwall State PA Zip Code 15215-2904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 16 / 2018
Transaction ID : A2018-2470227
 Amount of Each Receipt this Period 115.39
 Memo Item

B. O'Connor, Donna, J, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3443 W. Frankfort Drive
 City Chandler State AZ Zip Code 85226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143912
 Amount of Each Receipt this Period 19.24
 Memo Item

C. O'Keefe, John, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1884 Courtney Ln
 City Biloxi State MS Zip Code 39532-5324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143896
 Amount of Each Receipt this Period 19.24
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 114
	<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. O'Malley, Jon, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 52477 Silent Ridge Drive

City Chesterfield	State MI	Zip Code 48051
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

Transaction ID : A2018-3143944

Amount of Each Receipt this Period
38.47

Memo Item

B. Ortenzio, Rocco, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Westwind Dr

City Lemoyne	State PA	Zip Code 17043-1234
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3846.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

Transaction ID : A2018-2200157

Amount of Each Receipt this Period
192.31

Memo Item

C. Ortenzio, Rocco, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Westwind Dr

City Lemoyne	State PA	Zip Code 17043-1234
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4038.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2018

Transaction ID : A2018-2379874

Amount of Each Receipt this Period
192.31

Memo Item

SUBTOTAL of Receipts This Page (optional).....	423.09
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 74 OF 114
	<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. Ortenzio, Rocco, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Westwind Dr
 City Lemoyne State PA Zip Code 17043-1234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.82

Date of Receipt 11 / 02 / 2018
Transaction ID : A2018-2432703
 Amount of Each Receipt this Period 192.31
 Memo Item

B. Ortenzio, Rocco, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Westwind Dr
 City Lemoyne State PA Zip Code 17043-1234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4423.13

Date of Receipt 11 / 16 / 2018
Transaction ID : A2018-2470244
 Amount of Each Receipt this Period 192.31
 Memo Item

C. Pegler, William, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21723 E Rowland Cir
 City Aurora State CO Zip Code 80016-3608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200196
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.01
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 75 OF 114
	<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. Pegler, William, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21723 E Rowland Cir
 City Aurora State CO Zip Code 80016-3608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 19 / 2018
Transaction ID : A2018-2379913
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Pegler, William, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21723 E Rowland Cir
 City Aurora State CO Zip Code 80016-3608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 11 / 02 / 2018
Transaction ID : A2018-2432742
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Pegler, William, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21723 E Rowland Cir
 City Aurora State CO Zip Code 80016-3608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 16 / 2018
Transaction ID : A2018-2470237
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 114
<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. Pennacchia, Raymond, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Cold Spring Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2307.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

Transaction ID : A2018-2200165

Amount of Each Receipt this Period

115.39

 Memo Item

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

Mailing Address 6 Cold Spring Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2423.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2018

Transaction ID : A2018-2379882

Amount of Each Receipt this Period

115.39

 Memo Item

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

Mailing Address 6 Cold Spring Lane

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2018

Transaction ID : A2018-2432711

Amount of Each Receipt this Period

115.39

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 114
	<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. Pennacchia, Raymond, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Cold Spring Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2653.97

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		16		2018

Transaction ID : A2018-2470253

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 1990 Scotts Ferry Rd

City Versailles	State KY	Zip Code 40383-9348
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2018

Transaction ID : A2018-3143932

Amount of Each Receipt this Period
38.47

Memo Item

C. Pettrey, Lisa, J, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5625 Preswick Drive

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2018

Transaction ID : A2018-3143948

Amount of Each Receipt this Period
38.47

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 114
	<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. Plumlee, Steve, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12311 Bonnybridge Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

Transaction ID : A2018-3143272

Amount of Each Receipt this Period

38.47

 Memo Item

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

Mailing Address 7915 Glade Hill Ct

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

Transaction ID : A2018-2200193

Amount of Each Receipt this Period

38.47

 Memo Item

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

Mailing Address 7915 Glade Hill Ct

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
807.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2018

Transaction ID : A2018-2379910

Amount of Each Receipt this Period

38.47

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 114
	<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. Polo, Fabian, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7915 Glade Hill Ct

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
846.34

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		02		2018

Transaction ID : A2018-2432739

Amount of Each Receipt this Period

38.47

 Memo Item

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

Mailing Address 7915 Glade Hill Ct

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
884.81

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		16		2018

Transaction ID : A2018-2470234

Amount of Each Receipt this Period

38.47

 Memo Item

C. Ponczocha, John, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28410 Glenwood St

City Saint Clair Shores	State MI	Zip Code 48081-1546
----------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2018

Transaction ID : A2018-3143937

Amount of Each Receipt this Period

38.47

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 114
	<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. Príncipe, Adam, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1207 Wings Way
 City Cantonment State FL Zip Code 32533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143925
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Quinn, John, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6308 Pinehill Dr.
 City Meridian State MS Zip Code 39305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143940
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Radford, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15413 Monticello Drive
 City Bristol State VA Zip Code 24202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143897
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	96.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 114
	<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. Rawley, Jennifer, S, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5972 Hollow Wood Ct
 City Winston Salem State NC Zip Code 27104-3771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143931
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Readinger, Phillip, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 511 Country Chase Dr
 City Lake Saint Louis State MO Zip Code 63367-5847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143900
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Rhodes, Chandelle, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20528 Lagoona Drive
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200182
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	96.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Rhodes, Chandelle, L, Ms.,		Date of Receipt MM / DD / YYYY 10 / 19 / 2018
Mailing Address 20528 Lagoona Drive		Transaction ID : A2018-2379899
City Cornelius	State NC	Zip Code 28031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.47
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 807.87	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rhodes, Chandelle, L, Ms.,		Date of Receipt MM / DD / YYYY 11 / 02 / 2018
Mailing Address 20528 Lagoona Drive		Transaction ID : A2018-2432728
City Cornelius	State NC	Zip Code 28031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.47
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 846.34	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Rhodes, Chandelle, L, Ms.,		Date of Receipt MM / DD / YYYY 11 / 16 / 2018
Mailing Address 20528 Lagoona Drive		Transaction ID : A2018-2470223
City Cornelius	State NC	Zip Code 28031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.47
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 884.81	

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 83 OF 114
	<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. Riska, Marilouise, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30093 Orchards Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

Transaction ID : A2018-3143935

Amount of Each Receipt this Period
38.47

Memo Item

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

Mailing Address 4851 E Augusta Avenue

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

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

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

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
10		05		2018

Transaction ID : A2018-3143254

Amount of Each Receipt this Period
76.93

Memo Item

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

Mailing Address 17387 Creekside Circle

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

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

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

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
10		05		2018

Transaction ID : A2018-3143587

Amount of Each Receipt this Period
19.24

Memo Item

SUBTOTAL of Receipts This Page (optional).....	134.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 114
	<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. Romberger, Scott, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 440 Boyer St
 City Halifax State PA Zip Code 17032-9017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 22 / 2018
Transaction ID : A2018-2378720
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Rusignuolo, Brian, R, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1339 Sconsett Way
 City New Cumberland State PA Zip Code 17070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.20

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200169
 Amount of Each Receipt this Period 192.31
 Memo Item

C. Rusignuolo, Brian, R, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1339 Sconsett Way
 City New Cumberland State PA Zip Code 17070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4038.51

Date of Receipt 10 / 19 / 2018
Transaction ID : A2018-2379886
 Amount of Each Receipt this Period 192.31
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5384.62
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 114
	<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. Rusignuolo, Brian, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1339 Sconsett Way

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4230.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2018

Transaction ID : A2018-2432715

Amount of Each Receipt this Period
192.31

Memo Item

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

Mailing Address 1339 Sconsett Way

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4423.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2018

Transaction ID : A2018-2470257

Amount of Each Receipt this Period
192.31

Memo Item

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

Mailing Address 304 Beechwood Drive

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3846.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2018

Transaction ID : A2018-2200194

Amount of Each Receipt this Period
192.31

Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.93
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 86 OF 114
	<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. Ruskan, Jeffrey, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Beechwood Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4038.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2018

Transaction ID : A2018-2379911

Amount of Each Receipt this Period
192.31

Memo Item

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

Mailing Address 304 Beechwood Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4230.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2018

Transaction ID : A2018-2432740

Amount of Each Receipt this Period
192.31

Memo Item

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

Mailing Address 304 Beechwood Drive

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4423.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2018

Transaction ID : A2018-2470235

Amount of Each Receipt this Period
192.31

Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.93
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 87 OF 114
	<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. Sadler, Lynne, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Cornell Drive
 Suite 1050
 City Camp Hill State PA Zip Code 17011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Director of Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143281
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Sarfaty, Beth, R, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 Wall Street
 City West Long Branch State NJ Zip Code 07764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) VP Clinical Svcs & Quality Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200164
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Sarfaty, Beth, R, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 Wall Street
 City West Long Branch State NJ Zip Code 07764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) VP Clinical Svcs & Quality Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 807.87

Date of Receipt 10 / 19 / 2018
Transaction ID : A2018-2379881
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 96.18
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 114
	<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. Sarfaty, Beth, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Wall Street

City West Long Branch	State NJ	Zip Code 07764
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) VP Clinical Svcs & Quality Mgmt
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
846.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2018

Transaction ID : A2018-2432710

Amount of Each Receipt this Period

38.47

 Memo Item

B. Sarfaty, Beth, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Wall Street

City West Long Branch	State NJ	Zip Code 07764
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) VP Clinical Svcs & Quality Mgmt
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
884.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2018

Transaction ID : A2018-2470252

Amount of Each Receipt this Period

38.47

 Memo Item

C. Schlichtmann, Phyllis, J, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 59 E Fleming Pike

City Hammonton	State NJ	Zip Code 08037-2462
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2018

Transaction ID : A2018-3143914

Amount of Each Receipt this Period

38.47

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 114
	<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. Schmidt, Megan, P, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 Forest Lane North

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2307.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

Transaction ID : A2018-2200180

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 204 Forest Lane North

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2423.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2018

Transaction ID : A2018-2379897

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 204 Forest Lane North

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2018

Transaction ID : A2018-2432726

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 114
	<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. Schmidt, Megan, P, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 Forest Lane North

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2653.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2018

Transaction ID : A2018-2470221

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 306 Mya Court

City West Newtown	State PA	Zip Code 15089
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) CEO/Administrator - 001
---	--

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
10	/	05	/	2018

Transaction ID : A2018-3143895

Amount of Each Receipt this Period
19.24

Memo Item

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

Mailing Address 15145 N 104th Way

City Scottsdale	State AZ	Zip Code 85255-8570
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2018

Transaction ID : A2018-3143934

Amount of Each Receipt this Period
38.47

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 114
	<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. Shaffer, Deanne, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9145 Lakewood Drive
 Suite 1050
 City Whitmore Lake State MI Zip Code 48189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Director of Case Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143279
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Shovlin, Tyler, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2910 Legacy Commons Plz Apt 308
 Suite 1050
 City Omaha State NE Zip Code 68130-1849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1538.60

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143958
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Siffring, Connie, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2968 Church St
 City Bettendorf State IA Zip Code 52722-8239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143918
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	134.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 92 OF 114
	(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. Simodejka, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Cottage HI W
 City Pottsville State PA Zip Code 17901-1816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143938
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Singer, Deborah, L, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 Honeybelle Oval
 City Chagrin Falls State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200163
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Singer, Deborah, L, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 Honeybelle Oval
 City Chagrin Falls State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 19 / 2018
Transaction ID : A2018-2379880
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 114
	<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. Singer, Deborah, L, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 Honeybelle Oval
 City Chagrin Falls State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 02 / 2018
Transaction ID : A2018-2432709
 Amount of Each Receipt this Period
 115.39
 Memo Item

B. Singer, Deborah, L, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 Honeybelle Oval
 City Chagrin Falls State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 16 / 2018
Transaction ID : A2018-2470251
 Amount of Each Receipt this Period
 115.39
 Memo Item

C. Skinner, Gloria, J, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1685 North 700 West
 City Columbus State IN Zip Code 47201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 05 / 2018
Transaction ID : A2018-2200161
 Amount of Each Receipt this Period
 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 1685 North 700 West

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2423.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2018

Transaction ID : A2018-2379878

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 1685 North 700 West

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2018

Transaction ID : A2018-2432707

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 1685 North 700 West

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2653.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2018

Transaction ID : A2018-2470249

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 114
	<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. Skinner, Jon, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5200 Topaz Ct
 City Flower Mound State TX Zip Code 75022-8143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200191
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Skinner, Jon, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5200 Topaz Ct
 City Flower Mound State TX Zip Code 75022-8143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 19 / 2018
Transaction ID : A2018-2379908
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Skinner, Jon, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5200 Topaz Ct
 City Flower Mound State TX Zip Code 75022-8143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 11 / 02 / 2018
Transaction ID : A2018-2432737
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 114
	<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. Skinner, Jon, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5200 Topaz Ct
 City Flower Mound State TX Zip Code 75022-8143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 16 / 2018
Transaction ID : A2018-2470232
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Slobozien, Mary, G, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 430 Brookwood Drive
 City Palmyra State PA Zip Code 17078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143270
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Slonaker-Wheeler, Dawne, A, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1619 55th Street NE
 City Canton State OH Zip Code 44721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143924
 Amount of Each Receipt this Period 38.47
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 114
	<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. Sloterbeek, Meridell, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 164 E Dawn Dr
 City Tempe State AZ Zip Code 85284-3160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200170
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Sloterbeek, Meridell, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 164 E Dawn Dr
 City Tempe State AZ Zip Code 85284-3160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 19 / 2018
Transaction ID : A2018-2379887
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Sloterbeek, Meridell, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 164 E Dawn Dr
 City Tempe State AZ Zip Code 85284-3160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 11 / 02 / 2018
Transaction ID : A2018-2432716
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 114
	<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. Sloterbeek, Meridell, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 164 E Dawn Dr
 City Tempe State AZ Zip Code 85284-3160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 16 / 2018
Transaction ID : A2018-2470258
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Smacher, Michele, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 South Alydar Blvd. Suite 1050
 City Dillsburg State PA Zip Code 17019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Director of Financial Planning & An
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143902
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Smith, Nigel, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4431 Block Otter Trail
 City Dallas State TX Zip Code 75287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143921
 Amount of Each Receipt this Period 38.47
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 114
	<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. Stover, Justin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1619 Fox Hollow Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143268
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Streepy, Kurt, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3128 Mattatha Drive
 City Bloomington State IN Zip Code 47401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.95

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200173
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Streepy, Kurt, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3128 Mattatha Drive
 City Bloomington State IN Zip Code 47401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 596.34

Date of Receipt 10 / 19 / 2018
Transaction ID : A2018-2379890
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 100 OF 114
<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. Streepy, Kurt, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Mattatha Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
711.73

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2018

Transaction ID : A2018-2432719

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 3128 Mattatha Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
827.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2018

Transaction ID : A2018-2470261

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 3306 2000 Rd
Suite 1050

City Delta	State CO	Zip Code 81416-9549
---------------	-------------	------------------------

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

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

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
10	/	05	/	2018

Transaction ID : A2018-3143586

Amount of Each Receipt this Period
19.24

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 114
	<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. Supplee, Linda, K, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 E. Willow Drive
 City Zanesville State OH Zip Code 43701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143930
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Taylor, Marcia, R, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 578
 City Ellendale State TN Zip Code 38029-0578
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143949
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Tenhengel-deVille, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 867 Balsam Loop Rd
 City Sylva State NC Zip Code 28779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143917
 Amount of Each Receipt this Period 38.47
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 114
	<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. Theroult, Thomas, N, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10925 Valley St

City Omaha	State NE	Zip Code 68144-4943
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

Transaction ID : A2018-3143261

Amount of Each Receipt this Period
38.47

Memo Item

B. Tuer, Patrick, W, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5230 Joshua Rd

City Mechanicsburg	State PA	Zip Code 17050-7221
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2307.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

Transaction ID : A2018-2200197

Amount of Each Receipt this Period
115.39

Memo Item

C. Tuer, Patrick, W, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5230 Joshua Rd

City Mechanicsburg	State PA	Zip Code 17050-7221
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2423.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2018

Transaction ID : A2018-2379914

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 114
	<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. Tuer, Patrick, W, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5230 Joshua Rd
 City Mechanicsburg State PA Zip Code 17050-7221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 11 / 02 / 2018
Transaction ID : A2018-2432743
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Tuer, Patrick, W, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5230 Joshua Rd
 City Mechanicsburg State PA Zip Code 17050-7221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 16 / 2018
Transaction ID : A2018-2470238
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Ulmer, Carol, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1605 South Silver Creek Circle
 City Sioux Falls State SD Zip Code 57106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143259
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 104 OF 114
	(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. Umbenhauer, Kristy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 619 Suedberg Rd
 Suite 1050
 City Pine Grove State PA Zip Code 17963-8839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143252
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Vocaturo, Loran, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Richard Road
 City East Brunswick State NJ Zip Code 08816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143282
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Wagley, Ronnie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10305 SW 27th Pl
 City Gainesville State FL Zip Code 32608-9083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143915
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	96.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 114
	<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. Walters, William, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7107 Matthew Mills Road

City Mclean	State VA	Zip Code 22101
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2018

Transaction ID : A2018-2347370

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address 200 Pleasant View Drive

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

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

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

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
10		05		2018

Transaction ID : A2018-3143278

Amount of Each Receipt this Period
19.24

Memo Item

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

Mailing Address 698 Gordon Dr

City Charleston	State WV	Zip Code 25314-1762
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1538.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

Transaction ID : A2018-3143936

Amount of Each Receipt this Period
76.93

Memo Item

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: (check only one)	PAGE 106 OF 114
	<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. Wells, Mark, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1108 1/2 East Palm Avenue
 City Tampa State FL Zip Code 33605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1538.60

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143954
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Williams, Brian, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9670 Rod Road
 City Alpharetta State GA Zip Code 30022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-2200158
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Williams, Brian, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9670 Rod Road
 City Alpharetta State GA Zip Code 30022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 19 / 2018
Transaction ID : A2018-2379875
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 114
	<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. Williams, Brian, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9670 Rod Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2018

Transaction ID : A2018-2432704

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 9670 Rod Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2653.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2018

Transaction ID : A2018-2470245

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 4485 Alderny Circle

City High Point	State NC	Zip Code 27265
--------------------	-------------	-------------------

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

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

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
10	/	05	/	2018

Transaction ID : A2018-3143911

Amount of Each Receipt this Period
19.24

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 114
	<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. Winn, Eleyce, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1321 W 90th PI Apt 302-15
 Suite 1050
 City Merrillville State IN Zip Code 46410-6754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143923
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Wuchter, Gregory, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 Greyfield Cir
 City Savannah State GA Zip Code 31407-4816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143893
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Yap, Eric, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6082 Castlebury Boulevard
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143920
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	96.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 114
	<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. Zaciewski, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1667 K Street NW
 Suite 1050
 City Washington State DC Zip Code 20006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 05 / 2018
Transaction ID : A2018-3143888
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Zanke, Christopher, V, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Martha Court
 City Canonsburg State PA Zip Code 15317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 807.87

Date of Receipt 10 / 12 / 2018
Transaction ID : A2018-2337424
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Zanke, Christopher, V, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Martha Court
 City Canonsburg State PA Zip Code 15317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 846.34

Date of Receipt 10 / 26 / 2018
Transaction ID : A2018-2400146
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	96.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 114
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Zanke, Christopher, V, Mr.,		Date of Receipt
Mailing Address 7 Martha Court		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2018"/>
City Canonsburg	State PA	Zip Code 15317
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2018-2470239
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President of Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="884.81"/>	Amount of Each Receipt this Period <input type="text" value="38.47"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Zanke, Christopher, V, Mr.,		Date of Receipt
Mailing Address 7 Martha Court		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2018"/>
City Canonsburg	State PA	Zip Code 15317
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2018-2594259
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President of Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="923.28"/>	Amount of Each Receipt this Period <input type="text" value="38.47"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text"/>
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text"/>	<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="76.94"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="37713.63"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. AMRPA PAC		Date of Disbursement MM / DD / YYYY 10 / 04 / 2018
Mailing Address 529 14th Street NW Suite 750		FEC Identification Number C 000678722 Transaction ID : B707036
City Washington	State DC	Zip Code 20045
Purpose of Disbursement Contribution	Candidate Name	Amount of Each Disbursement this Period 2500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Not Applicable	

Full Name (Last, First, Middle Initial) B. New Voice PAC		Date of Disbursement MM / DD / YYYY 10 / 12 / 2018
Mailing Address 35 East Gay Street Suite 403		FEC Identification Number C 000545236 Transaction ID : B708662
City Columbus	State OH	Zip Code 43215
Purpose of Disbursement Contribution	Candidate Name	Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Not Applicable	

Full Name (Last, First, Middle Initial) C. New Voice PAC		Date of Disbursement MM / DD / YYYY 10 / 12 / 2018
Mailing Address 35 East Gay Street Suite 403		FEC Identification Number C 000545236 Transaction ID : B708663
City Columbus	State OH	Zip Code 43215
Purpose of Disbursement Contribution	Candidate Name	Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Not Applicable	

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. WIN IN 2018		Date of Disbursement MM / DD / YYYY 10 / 16 / 2018
Mailing Address 228 S Washington St Suite 115		FEC Identification Number C00665232 Transaction ID : B708987 Amount of Each Disbursement this Period 50000.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	
State: District:		

Full Name (Last, First, Middle Initial) B. Bill Cassidy for US Senate		Date of Disbursement MM / DD / YYYY 10 / 25 / 2018
Mailing Address PO Box 80505		FEC Identification Number C00543983 Transaction ID : B710090 Amount of Each Disbursement this Period 2500.00
City Baton Rouge	State LA	Zip Code 70898
Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Cassidy, William, , ,	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: LA District:		

Full Name (Last, First, Middle Initial) C. House Majority Fund		Date of Disbursement MM / DD / YYYY 11 / 02 / 2018
Mailing Address 315 Inspiration Lane		FEC Identification Number C00321596 Transaction ID : B711864 Amount of Each Disbursement this Period 5000.00
City Gaithersburg	State MD	Zip Code 20878
Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	57500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. John Lewis for Congress			Date of Disbursement M M / D D / Y Y Y Y Y Y 11 / 02 / 2018		
Mailing Address PO Box 2323					
City Atlanta	State GA	Zip Code 30301	FEC Identification Number C C00202416 Transaction ID : B711865		
Purpose of Disbursement Contribution		Category/ Type 011	Amount of Each Disbursement this Period 5000.00		
Candidate Name Lewis, John, , ,					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: GA District: 05					

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y Y Y		
Mailing Address					
City	State	Zip Code	FEC Identification Number C		
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<input type="checkbox"/> Memo Item		
State: District:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y Y Y		
Mailing Address					
City	State	Zip Code	FEC Identification Number C		
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	67000.00

**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"/> 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

A. Winekauf, Glen, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1667 K Street NW
Suite 1050

City Washington State DC Zip Code 20006

Purpose of Disbursement Refund to Employee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017 Primary General Other (specify) ▼ Not Applicable

State: District:

Date of Disbursement 10 / 05 / 2018

FEC Identification Number C

Transaction ID : B678299

Amount of Each Disbursement this Period - 38.47

Memo Item 12/27/17

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	- 38.47
TOTAL This Period (last page this line number only).....▶	- 38.47