Image# 201810119124462734

FEC

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

				C	Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typir over the lines.	ig, type	12FE4M5	
Select Medical Cor	rporation PAC				
ADDRESS (number and stree	et)				
 Check if different than previously reported. (ACC) 	Mechanicsburg			PA	17055
2. FEC IDENTIFICATIO		Υ▲	S		ZIP CODE
C C00546119			IEW N) OR	AMEN (A)	NDED
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Rep July 15 Quarterly Rep July 15 Quarterly Rep X October 15 Quarterly Rep January 31 Year-End Rep July 31 Mid-Ya Report (Non-e Year Only) (M Termination Ra (TER) 	(i) Minimity Peb Report Due On: Mar Due On: Apr (c) 12-Day PRE-Election Report for the: port (Q2) Report for the: (d) 30-Day POST-Election Report for the:	20 (M3) 20 (M4) 20 (M4	12C)	Aug 20 Sep 20 Oct 20 General (12 Special (125 Runoff (30F	(M9) Dec 20 (M12) (Non-Election Year Only) (M10) Jan 31 (YE) (M10) Runoff (12R) S) in the State of
5. Covering Period	M M / D / Y		M M 09	/ D D / 30	2018
Type or Print Name of Trea Signature of Treasurer	erroneous, or incomplete information	[Electronically	Filed] Da	ate 10	/ D D / Y Y Y Y 11 2018
Office Use Only					FEC FORM 3X Rev. 05/2016

PAGE 1 / 243

x

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

I	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
٧	Write or Type Committee Name		
	Select Medical Corporation PAC		
F	Report Covering the Period: From:	08 / 09 / Y Y Y Y 2018 To:	M M / D D / Y Y Y Y 09 30 2018
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		123214.65
	(b) Cash on Hand at Beginning of Reporting Period	86559.00	
	(c) Total Receipts (from Line 19)	67947.64	248791.99
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	154506.64	372006.64
7.	Total Disbursements (from Line 31)	15500.00	233000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	139006.64	139006.64
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

Page 3

Select Medical Corporation PAC

Report Covering the Period: From:	1 09 2018 To	p: 09 / 30 / 2018
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	67947.64	202748.36
(ii) Unitemized	0.00	33143.63
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	67947.64	235891.99
(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)▶	67947.64	235891.99
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures		-7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	12900.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	4	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
, , , , , , , , , , , , , , , , , , ,		
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	67947.64	248791.99
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	67947.64	248791.99

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal		Calendar Tear-to-Date
Activity (from Schedule H4)		
(i) Federal Share		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
Transfers to Affiliated/Other Party Committees		0.00
Contributions to	0.00	
Federal Candidates/Committees and Other Political Committees	14500.00	231500.00
Independent Expenditures		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(52 U.S.C. § 30116(d))		
(use Schedule F)	0.00	0.00
Loan Repayments Made		
		0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)		1500.00
	47. 47. 48.	
Federal Election Activity (52 U.S.C. §		
(a) Allocated Federal Election Activit (from Schedule H6)	у	
(i) Federal Share	0.00	0.00
	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 (a		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶ 0.00	0.00
Total Disbursements (add Lines 21(c)		
23, 24, 25, 26, 27, 28(d), 29 and 30	(C)) 15500.00	233000.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	
from Line 31)		233000.00
		20000.00

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
I LO	1 01111	JA	(1100.	03/2010	,

III. Net Contributions/ Operating Expenditures

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

(subtract Line 37 from Line 36)

				67947.64
	-7		7	
				0.00
				49.
				67947.64
1	-	1	-	
1		1		0.00
	7		 -7	0.00
				0.00
	7		 7	0.00
				0.00
	-7-		-7-	0.00

235891.99 0.00 235891.99 0.00 0.00 0.00

COLUMN B

Calendar Year-to-Date

Page 5

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		for ea	eparate schedule(s ch category of the ed Summary Page	S) (C	OR LINE check only 11a 13		R:	PAGI 11c 15	1	OF 2 6	243
	y information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC)										
Α.	Full Name of Individual (Last, First, Middle Init Abbate, Whitney, W, ,	ial) or Full O	rganizatio	on Name		Date of	Receipt					
	Mailing Address 45 Brockmore Drive Suite 1050					м м 08		D 10	/ Y	y 201	ү ү 18	1
	City Greenville	State SC		Code 605			action II of Each				-	
	FEC ID number of contributing federal political committee.	С							-7	_	19.24	
	Name of Employer (for Individual) Select Medical Corporation		• •	or Individual) ector of Case Mana	gemen	Me	emo Iten	n				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-E	0ate ▼ 307.84								
в.	Full Name of Individual (Last, First, Middle Init Abbate, Whitney, W, ,	ial) or Full O	rganizatio	on Name		Date of	Receipt	:				
	Mailing Address 45 Brockmore Drive Suite 1050					м м 08		24	/ Y	201	ү ү 8]
	City Greenville	State SC		Code 605	-		action II of Each					
	FEC ID number of contributing federal political committee.	С									19.24	
	Name of Employer (for Individual) Select Medical Corporation			for Individual) ector of Case Mana	gemen	Me	emo Iten	n				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-E	0ate ▼ , 327.08	3							
с.	Full Name of Individual (Last, First, Middle Init Abbate, Whitney, W, ,	ial) or Full O	rganizatio	on Name		Date of	Receipt	:				
	Mailing Address 45 Brockmore Drive Suite 1050	State	Zin	Code		09		07		201	- 1 m	
	City Greenville	Scale	· · ·	Code 605	_		of Each					
	FEC ID number of contributing federal political committee.	С					,		,		19.24	
	Name of Employer (for Individual) Select Medical Corporation		• •	or Individual) ctor of Case Manag	gemen	Me	emo Iten	n				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-E	Date ▼ 346.32								
							_	_			_	

SUBTOTAL of Receipts This Page (optional)	L		9		9	5	7.72	2
TOTAL This Period (last page this line number only)	Γ						-	T

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

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 REC	EIPTS

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

PAGE 8 OF

•••	EMIZED RECEIPTS			or each category of the Detailed Summary Page	1	X	11a		1	1b		11c		12	
<u> </u>				, ,			13		1			15		16	1
	y information copied from such Reports and Sta for commercial purposes, other than using the r														
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC														
И А.	Full Name of Individual (Last, First, Middle Initia Abbate, Whitney, W, ,	al) or Full O	Orgar	ization Name			ate o	f Be		eint					
	Mailing Address 45 Brockmore Drive Suite 1050						M M 09			D 21		/ Y		018	Y
	City	State		Zip Code		1	Trans	sact	io	n ID :	: A	2018-2	2130	906	
	Greenville	SC		29605	_	A	moun	t of	Ea	ach F	Red	ceipt t	his F	Perioc	l
	FEC ID number of contributing federal political committee.	С				l	_		,			-		19	24
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) I Director of Case Managemer	n	l	Μ	lemo	o li	tem					
	Receipt For:	Aggregate	_	.											
	Primary General Other (specify) ▼		-	365.56											
в.	Full Name of Individual (Last, First, Middle Initia Alverzo, Joan, , Ms.,	al) or Full O	Drgar	ization Name		D	ate o	f Re	ece	eipt					
	Mailing Address 152 Old Landing Road					ſ	™ 08	1	ľ	D 10		/ Y) 18	Y
	City	State		Zip Code		-	Trans	sact	ior	: D ו	: A:	2018-1	1816	567	
	Ocean City	MD		21842	_	A	moun	t of	Ea	ach F	Red	ceipt t	his F	Perioc	l
	FEC ID number of contributing federal political committee.	С				ļ	_		,			-		115	39
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) /ice President			Μ	lemo	o li	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1846.24											
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Alverzo, Joan, , Ms.,	al) or Full O	Orgar	ization Name		D	ate o	f Re	ece	eipt					
	Mailing Address 152 Old Landing Road					ſ	^M 08	/	ľ	D 24		/ Y		018 [°]	Ŷ
	City	State MD		Zip Code		_						2018-			
	Ocean City			21842		A	moun	t of	Ea	ach F	Red	ceipt t	his F	Perioc	
	FEC ID number of contributing federal political committee.	С				ļ	_		9	_	_			115	.39
	Name of Employer (for Individual)	Оссі	upati	ion (for Individual)			N	lemo	o l'	tem					
	Select Medical Corporation	Seni	ior V	ice President											
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 1961.63											
⊢	UBTOTAL of Receipts This Page (optional)			r			-		9	-		9	-	250.	02

Image# 201810119124462742				
SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the		2
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	1
			ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Select Medical Corporation P	AC			
Full Name of Individual (Last, First, Middle A. Alverzo, Joan, , Ms.,	Initial) or Full C	organization Name	Date of Receipt	
Mailing Address 152 Old Landing Road			09 07 2018	
City	State MD	Zip Code 21842	Transaction ID : A2018-1974402	
Ocean City	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		115.39	
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) nior Vice President	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2077.02		
Full Name of Individual (Last, First, Middle B. Alverzo, Joan, , Ms.,	Initial) or Full C	Organization Name	Date of Receipt	-
Mailing Address 152 Old Landing Road			09 21 2018	
City Ocean City	State MD	Zip Code 21842	Transaction ID : A2018-2130861 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		115.39	
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) nior Vice President	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2192.41		
Full Name of Individual (Last, First, Middle C. Anderson, Monica, L, ,	Initial) or Full C	Organization Name	Date of Receipt	
Mailing Address 5810 Main St Suite 1050			08 / D D / Y Y Y Y Y 2018	
City Ma Farland	State	Zip Code	Transaction ID : A2018-1816596	
Mc Farland	WI	53558-9602	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		38.47	
Name of Employer (for Individual) Select Medical Corporation	Occ	upation (for Individual) cctor	Memo Item	

Other (specify)	615.52							
SUBTOTAL of Receipts This Page (optional)	•		y		,	269	9.25	;
TOTAL This Period (last page this line number	only)			_	-		-	1

615.52

Aggregate Year-to-Date ▼

Receipt For:

Primary

General

243

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

	EIVIZED RECEIPTS			Detailed Summary Page	×	11a		1	1b	11	c		12		
				,		13		1	4	15	5		16	17	
	y information copied from such Reports and Stat for commercial purposes, other than using the ne														
\rangle	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC														
A.	Full Name of Individual (Last, First, Middle Initial Anderson, Monica, L, ,) or Full O	rga	nization Name		Date of	f Re	ece	eipt						
	Mailing Address 5810 Main St Suite 1050 City	State		Zip Code		M M / D / Y									
	Mc Farland	WI		53558-9602	/	Amount									
	FEC ID number of contributing federal political committee.	С						-			,		38.4	7	
	Name of Employer (for Individual) Select Medical Corporation	Occi Dire	•	tion (for Individual)		M	emc	o It	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 653.99											
в.	Full Name of Individual (Last, First, Middle Initial Anderson, Monica, L, ,) or Full O	rga	nization Name		Date of	f Re	ece	eipt						
	Mailing Address 5810 Main St Suite 1050				09 / D D / Y Y Y Y Y 09 07 2018										
	City Mc Farland	State WI		Zip Code 53558-9602	Transaction ID : A2018-197443 Amount of Each Receipt this Peri										
	FEC ID number of contributing federal political committee.	С				38.47									
	Name of Employer (for Individual) Select Medical Corporation		upa ecto	tion (for Individual) r	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 692,46											
<u>с.</u>	Full Name of Individual (Last, First, Middle Initial Anderson, Monica, L, ,) or Full O	rga	nization Name		Date of	f Re	ece	eipt						
	Mailing Address 5810 Main St Suite 1050					м м 09	/	I	D D D 21	/	Y	ү 20	18 [°]	Ŷ	
	City Mc Farland	State WI		Zip Code 53558-9602		Trans			n ID : ach Re						
	FEC ID number of contributing federal political committee.	С						7			9		38.4	7	
	Name of Employer (for Individual) Select Medical Corporation	Occi Dire	•	tion (for Individual)		Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 730.93											
s	UBTOTAL of Receipts This Page (optional)			•••••			_	,	-	_	,		115.4	1	
т	OTAL This Period (last page this line number on	ly)		••••••				- 7			,	_			

PAGE 10 OF

	age# 201010119124402744										
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check	only o	UMBEF	ł:	PAGI	E 11	OF	243
•••			Detailed Summary Page	X 1	- H	11b		11c	12		
					3	14		15	16		17
	ny information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA										
Α.	Full Name of Individual (Last, First, Middle In Bahl, Derek, D, ,	itial) or Full	Organization Name	Da	te of R	leceipt					
	Mailing Address 24 Tavern House Hill			M	08	/ D		/ Y	2018		Ŷ
	City	State	Zip Code	Т	ransac	tion ID	: A2	2018-1	B16591		
	Mechanicsburg	PA	17050	Am	nount o	f Each	Rec	eipt th	is Peri	od	
	FEC ID number of contributing federal political committee.	С						-7	7	76.93	3
	Name of Employer (for Individual)		cupation (for Individual)	- C	Mem	io Item					
	Select Medical Corporation	Vic	ce President								
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼								
	Other (specify) ▼		1230.88								
В.	Full Name of Individual (Last, First, Middle In Bahl, Derek, D, ,	itial) or Full	Organization Name	Da	te of R	eceipt					
	Mailing Address 24 Tavern House Hill			M	08	/ D 24	D 4	/ Y	2018		r
	City	State	Zip Code	Т	ransac	tion ID	: A2	018-1	390684		
	Mechanicsburg	PA	17050			f Each					
	FEC ID number of contributing federal political committee.	С				-gr 1		-7-	7	76.93	3
	Name of Employer (for Individual) Select Medical Corporation		ccupation (for Individual) ce President		Mem	io Item					
	Receipt For:	Aggregate	e Year-to-Date ▼								
	Primary General Other (specify) ▼		1307.81]							
С.	Full Name of Individual (Last, First, Middle In Bahl, Derek, D, ,	itial) or Full	Organization Name	Da	te of R	leceipt					
	Mailing Address 24 Tavern House Hill			M	09 ^M	/ D 0		/ Y	2018		Ý
	City	State	Zip Code	Т	ransac	tion ID	: A2	2018-1	974420	ò	
	Mechanicsburg	PA	17050	Am	nount o	f Each	Rec	eipt th	is Peri	od	
	FEC ID number of contributing federal political committee.	С				,		y	7	76.93	3
	Name of Employer (for Individual)		cupation (for Individual)	- E	Merr	no Item					
	Select Medical Corporation	Vic	ce President								
	Receipt For:	Aggregate	e Year-to-Date ▼								
	Other (specify)		1384.74]							

SUBTOTAL of Receipts This Page (optional)			9		,	23	0.79	
TOTAL This Period (last page this line number only)	ſ		-		-		-	

Image# 201810119124462745			
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 OF 243 (check only one)
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Select Medical Corporation PA	he name and a	address of any political committe	person for the purpose of soliciting contributions
Full Name of Individual (Last, First, Middle Bahl, Derek, D, , Mailing Address 24 Tavern House Hill	Initial) or Full (Jrganization Name	Date of Receipt
City Mechanicsburg	State PA	Zip Code 17050	09 21 2018 Transaction ID : A2018-2130885 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.93 Memo Item
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vic	cupation (for Individual) e President e Year-to-Date ▼ 1461.67	
Full Name of Individual (Last, First, Middle B. Barker, Mary, A, , Mailing Address 107 Burnam Wood Court	Initial) or Full (Drganization Name	Date of Receipt
City Mount Laurel FEC ID number of contributing federal political committee.	State NJ	Zip Code 08054	Transaction ID : A2018-1816538 Amount of Each Receipt this Period 115.39
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vic	cupation (for Individual) æ President e Year-to-Date ▼ 1846.24	Memo Item
Full Name of Individual (Last, First, Middle C. Barker, Mary, A, , Mailing Address 107 Burnam Wood Court	Initial) or Full (Date of Receipt
City Mount Laurel FEC ID number of contributing federal political committee.	State NJ	Zip Code 08054	Transaction ID : A2018-1890631 Amount of Each Receipt this Period 115.39
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Vic	cupation (for Individual) e President e Year-to-Date ▼ 1961.63	Memo Item

	-			 				-
SUBTOTAL of Receipts This Page (optional)	L		9		9	30	7.71	_
							1.1	-
TOTAL This Period (last page this line number only)			-		-		-	

1

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 OF 243 (check only one) ************************************							
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC										
Α.	Full Name of Individual (Last, First, Middle Initia Barker, Mary, A, ,	al) or Full (Organization Name	Date of Receipt							
	Mailing Address 107 Burnam Wood Court			09 07 Y Y Y Y Y 09 07 2018							
	City	State	Zip Code	Transaction ID : A2018-1974373							
	Mount Laurel	NJ	08054	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.39							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ce President	Memo Item							
	Receipt For:	Aggregate	e Year-to-Date ▼								
	Primary General Other (specify) ▼		2077.02								
В.	Full Name of Individual (Last, First, Middle Initia Barker, Mary, A, ,	al) or Full (Organization Name	Date of Receipt							
	Mailing Address 107 Burnam Wood Court			09 21 2018							
	City Mount Laurel	State NJ	Zip Code 08054	Transaction ID : A2018-2130832 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.39							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ce President	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2192.41								
<u> </u>	Full Name of Individual (Last, First, Middle Initia Beauregard, Paige, S, ,	al) or Full (Organization Name	Date of Receipt							
	Mailing Address 314 North Valley View Dr Suite 1050			08 / D D / Y Y Y Y 08 10 2018							
	City Taylors	State SC	Zip Code 29687	Transaction ID : A2018-1816612							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator	Memo Item							
	Receipt For:		e Year-to-Date ▼	-							
	Primary General Other (specify)	Aggregate	307.84								
s	UBTOTAL of Receipts This Page (optional)			250.02							

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

1.1.1

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 14 OF

	EMIZED RECEIPTS			for each category of the Detailed Summary Page		X 11a 13	11b		11c 15	12	_	17	
	y information copied from such Reports and State for commercial purposes, other than using the na											s	
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC												
Α.	Name of Employer (for Individual) Select Medical Corporation Descript Ear:	State PA C Occ Vice	cupa e Pr	anization Name Zip Code 17070 ation (for Individual) resident ar-to-Date ▼ 1230.88	Date of Receipt								
В.	Name of Employer (for Individual) Select Medical Corporation	State PA C Occ Vic	cupa ce Pr	anization Name Zip Code 17070 ation (for Individual) resident ar-to-Date ▼ 1307.81		Amount	/ C	24 I D : A ch Re	/ 2018-1	is Per	4		
С.	Name of Employer (for Individual) Select Medical Corporation	State PA C Occ Vice	cupa e Pre	Zip Code 17070 ation (for Individual) esident ar-to-Date ▼ 1384.74		Amount	/ P	07 ID : 4 ch Re	/ 2018-1	is Per	6		
	UBTOTAL of Receipts This Page (optional)						,	-		2:	30.79		

L

	-														
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 15 OF 24 (check only one) Image: Check only one in the image: Check only one in th										
	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)														
	Select Medical Corporation PAC	2													
Α.	Full Name of Individual (Last, First, Middle Init Bechtel, Melinda, C, ,	tial) or Full O	rganiz	ation Name	Date	of R	eceipt								
	Mailing Address 110 Parkview Road Suite 1050				09 / Y Y Y Y 21 / 2018										
	City New Cumberland	State PA	Z	ip Code 17070				: A2018 Receipt							
	FEC ID number of contributing federal political committee.	С					-			76.9	3				
	Name of Employer (for Individual) Select Medical Corporation		upatior e Presi	n (for Individual) dent		Mem	o Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-t	o-Date ▼ 1461.67											
В.	Full Name of Individual (Last, First, Middle Init Beckett, Kathy, , Ms., Mailing Address 8444 Tibet Butler Dr	ation Name	Date		eceipt	D /	Y Y	Y	Y						
	City	State	Z	ip Code)18									
	Windermere	FL		34786	Transaction ID : A2018-1874256 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				19.24									
	Name of Employer (for Individual) Select Medical Corporation		•	n (for Individual) ident of Clinical Services	Memo Item										
	Receipt For: Primary General	Aggregate	Year-t	o-Date 🔻											
	Other (specify) ▼		,	327.08											
C.	Full Name of Individual (Last, First, Middle Init Beckett, Kathy, , Ms.,	tial) or Full O	rganiz	ation Name	Date	of R	eceipt								
	Mailing Address 8444 Tibet Butler Dr	Ctoto	7	in Code	C	8	3	1	20)18	Y				
	City Windermere	State FL		ïp Code 34786				: A2018 Receipt							
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period										
	Name of Employer (for Individual) Select Medical Corporation		•	n (for Individual) dent of Clinical Services		Mem	o Item								
_	Receipt For: Primary General Other (specify)	Aggregate	Year-t	o-Date ▼ 346.32											
1															

SUBTOTAL of Receipts This Page (optional)	1.	 				9	11	5.41
	Ē	-	-	-	-	-	-	
TOTAL This Period (last page this line number only)	L	 	-			-		-

S	CHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 16 OF 243
IT	EMIZED RECEIPTS		Use separate s for each categ Detailed Summ	ory of the	(check only one) 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Beckett, Kathy, , Ms.,	al) or Full C	rganization Name		Date of Receipt
	Mailing Address 8444 Tibet Butler Dr				09 / Y Y Y Y 09 14 2018
	City Windermere	State FL	Zip Code 34786		Transaction ID : A2018-2118299 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individe President of Clinic	,	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V	365.56	
В.	Full Name of Individual (Last, First, Middle Initia Beckett, Kathy, , Ms.,	al) or Full C	rganization Name		Date of Receipt
	Mailing Address 8444 Tibet Butler Dr				09 28 2018
	City Windermere	State FL	Zip Code 34786		Transaction ID : A2018-2168659 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individ President of Clini	,	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	384.80	
с.	Full Name of Individual (Last, First, Middle Initia Beers, Melissa, M, Ms.,	al) or Full C	rganization Name		Date of Receipt
	Mailing Address 735 Meadow Dr				08 / D D / Y Y Y Y 08 10 2018
	City Camp Hill	State PA	Zip Code 17011-1720		Transaction ID : A2018-1816554 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individional Chief Nursing	,	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	615.52	
s	UBTOTAL of Receipts This Page (optional)			•••••	76.95

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

. .

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		fo	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 OF 243 (check only one) Image: state stat
	y information copied from such Reports and Sta for commercial purposes, other than using the r				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Beers, Melissa, M, Ms.,	al) or Full C	Drgar	ization Name	Date of Receipt
	Mailing Address 735 Meadow Dr			7. 0. 1	08 / D D / Y Y Y Y 08 24 2018
	City Camp Hill	State PA		Zip Code 17011-1720	Transaction ID : A2018-1890647 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			38.47
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) I Chief Nursing Officer - LT	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 653.99	
В.	Full Name of Individual (Last, First, Middle Initia Beers, Melissa, M, Ms.,	al) or Full C	Drgar	nization Name	Date of Receipt
	Mailing Address 735 Meadow Dr	09 07 2018			
	City Camp Hill	State PA		Zip Code 17011-1720	Transaction ID : A2018-1974389 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			38.47
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) al Chief Nursing Officer - LT	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 692.46	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Beers, Melissa, M, Ms.,	al) or Full C	Drgar	nization Name	Date of Receipt
	Mailing Address 735 Meadow Dr				09 / D D / Y Y Y Y 2018
	City Camp Hill	State PA		Zip Code 17011-1720	Transaction ID : A2018-2130848 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			38.47
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) I Chief Nursing Officer - LT	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 730.93	
s	UBTOTAL of Receipts This Page (optional)				. 115.41

						_				
TOTAL This Period (last page this line number only)	L	-	_	7	_	_	7		-	_

L

	-											
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Jse separate schedule(s) or each category of the Detailed Summary Page	(cł	DR LINE neck on 11a 13			PA 11c 15		18 OF 12 16	243
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay n addre	ot be sold or used by any pe ess of any political committee	erson to s	for the olicit co	purp ntribu	ose of itions fi	soliciti rom su	ng cor Ich coi	ntributio mmitte	ons e.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC)										
Α.	Full Name of Individual (Last, First, Middle Init Bein, Robert, J, Mr.,	ial) or Full O	rgar	nization Name		Date o	f Rec	eipt				
	Mailing Address 545 Mud College Road					M M 08	/	D D 10	1	Y Y 20	018	ſ
	City Littlestown	State PA		Zip Code 17340	_	Trans Amoun		on ID : .				_
	FEC ID number of contributing federal political committee.	С	1								76.9	3
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) esident		M	lemo	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1230.88								
В.	Full Name of Individual (Last, First, Middle Init Bein, Robert, J, Mr.,	ial) or Full O)rgai	nization Name		Date o	f Rec	eipt				
	Mailing Address 545 Mud College Road					M M		D D 24	1		18	
	City Littlestown	State PA		Zip Code 17340	_			on ID : /				
	FEC ID number of contributing federal political committee.	С				Amoun			eceipi		76.9	3
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) esident		M	lemo	ltem				
	Receipt For: Primary General	Aggregate	Yea	r-to-Date ▼								
	Other (specify) ▼		,	1307.81								
c.	Full Name of Individual (Last, First, Middle Init Bein, Robert, J, Mr.,	ial) or Full O)rgai	nization Name		Date o	f Rec	eipt				
	Mailing Address 545 Mud College Road					^M 09	/	D D 07	/)18	ſ
	City Littlestown	State PA		Zip Code 17340		Tran: Amoun		on ID : Each Re				_
	FEC ID number of contributing federal political committee.	С						, .	,		76.93	3
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) sident		N	lemo	ltem				
_	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 1384.74								
												- 1

SUBTOTAL of Receipts This Page (optional)	L		y		9	 23	80.79	}
TOTAL This Period (last page this line number only)			-		-		-	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		l f	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 OF 243 (check only one) I1a 11b 11c 12 I1a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	ay n addre	not be sold or used by any pe ess of any political committee	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Bein, Robert, J, Mr., Mailing Address 545 Mud College Road	al) or Full C)rgai	nization Name	Date of Receipt
	City	State		Zip Code	09 21 2018 Transaction ID : A2018-2130886
	Ettlestown FEC ID number of contributing federal political committee.	РА		17340	Amount of Each Receipt this Period 76.93
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Vice	e Pre	tion (for Individual) esident ar-to-Date ▼	Memo Item
	Primary General Other (specify) ▼		-	1461.67]
в.	Full Name of Individual (Last, First, Middle Initia Bencomo, Dionisio, , Mr.,	al) or Full C)rgai	nization Name	Date of Receipt
	Mailing Address 2851 SW 137 Court	Otata		7. 0. t.	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Miami	State FL		Zip Code 33175	Transaction ID : A2018-1816558 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) esident	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1846.24]
с.	Full Name of Individual (Last, First, Middle Initia Bencomo, Dionisio, , Mr.,	al) or Full C)rgai	nization Name	Date of Receipt
	Mailing Address 2851 SW 137 Court			1	08 / D D / Y Y Y Y Y 24 2018
	City Miami	State FL		Zip Code 33175	Transaction ID : A2018-1890651 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) esident	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 1961.63]
s	UBTOTAL of Receipts This Page (optional)			•••••	307.71

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

I I APR I I APR I I APR I

Image# 201810119 [.]	124462753			
SCHEDULE	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 OF 243 (check only one) ************************************
				erson for the purpose of soliciting contributions to solicit contributions from such committee.
	MITTEE (In Full) lical Corporation PA	С		
Full Name of In A. Bencomo, Die	dividual (Last, First, Middle In onisio, , Mr.,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address	2851 SW 137 Court			M M / D D / Y Y Y Y Y 09 07 2018
City Miami		State FL	Zip Code 33175	Transaction ID : A2018-1974393 Amount of Each Receipt this Period
FEC ID number federal political	5	C		115.39
Select Medical C	yer (for Individual) Corporation		upation (for Individual) e President	Memo Item
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	Year-to-Date ▼ 2077.02]
B. Bencomo, D Mailing Address	dividual (Last, First, Middle In Dionisio, , Mr., 2851 SW 137 Court		-	Date of Receipt
City Miami		State FL	Zip Code 33175	Transaction ID : A2018-2130852 Amount of Each Receipt this Period
FEC ID number federal political	0	С		115.39
Name of Emplo Select Medical C	yer (for Individual) orporation		upation (for Individual) e President	Memo Item
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	Year-to-Date ▼ 2192.41]
Full Name of In C. Bender, Ja	dividual (Last, First, Middle In mes, M, Mr.,	iitial) or Full C	Organization Name	Date of Receipt
	6126 Charing Cross			08 10 / Y Y Y Y 2018
City Mechanicsburg		State PA	Zip Code 17050	Transaction ID : A2018-1816543 Amount of Each Receipt this Period
FEC ID number	FEC ID number of contributing federal political committee.			38.47
Select Medical C	ver (for Individual) Corporation		upation (for Individual) President	Memo Item
Receipt For: Primary	General	Aggregate	Year-to-Date ▼	1

				-	-		-	000 0	
SUBTOTAL of Receipts This Page (optional)			IJ.			9		269.2	25
									-
TOTAL This Period (last page this line number only)	_		-			-		1.00	

7

Other (specify)

615.52

100

٦.

TOTAL

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 OF 243 (check only one) Image: Check only one in the image: Check one in the
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Bender, James, M, Mr.,	l) or Full (Organization Name	Date of Receipt
	Mailing Address 6126 Charing Cross			M = M / D = D / Y = Y = Y = Y Y 08 24 2018
	City	State	Zip Code	Transaction ID : A2018-1890636
	Mechanicsburg	PA	17050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		653.99	
В.	Full Name of Individual (Last, First, Middle Initia Bender, James, M, Mr.,	l) or Full (Organization Name	Date of Receipt
	Mailing Address 6126 Charing Cross			09 07 2018
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2018-1974378 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ce President	Memo Item
	Receipt For:	Aggregate	e Year-to-Date ▼ 692.46	
 C.	Full Name of Individual (Last, First, Middle Initia Bender, James, M, Mr.,	l) or Full (Organization Name	Date of Receipt
	Mailing Address 6126 Charing Cross			M M / D D / Y Y Y Y 09 21 2018
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2018-2130837 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item
	Receipt For:		e Year-to-Date ▼	-
	Primary General Other (specify)	, yy eyale	730.93	
s	UBTOTAL of Receipts This Page (optional)			115.41

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

SCHEDULE A (FEC Form 3X) Use separate schedule(s) FOR LINE FUNDEEEE. PAGE 22 OF 243 ITEMIZED RECEIPTS Use separate schedule(s) FOR LINE FUNDEEEE. PAGE 22 OF 243 Any information caped form such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions Ita		-							
ITEMIZED RECEIPTS tor each category of the ball of category of the ball of many only page Image to the ball of t	S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 22 OF 243				
Detailed Summary Page 11 116 112 12 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (in Full) Select Medical Corporation PAC Fell Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt An infinity Address 2836 Chadbourne Drive C 08 10 2018 City PA T7404 Transaction ID: A2018-1816644 Anount of Each Receipt in Feriod Name of Employer (for Individual) Occupation (for Individual) Vice President Image of Receipt in Feriod Receipt Tio: C 120.08 Image of Receipt in Feriod Image of Receipt in Feriod Name of Employer (for Individual) Occupation (for Individual) Vice President Image of Receipt in Feriod Berkstresser, Joedy L, Mr., Maling Address 2836 Chadbourne Drive Image of Receipt in Feriod Image of Receipt in Feriod City York PA 17404 Transaction ID: A2018-189974 Fell Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt in Feriod Image of Receipt in Feriod Fell Name of Individual (Last, First, Middle Initial) or Full Or	т				(check only one)				
Any information copied from such Reports and Statements may not be sold or used by any period for the propose of soliciting contributions from such committee. NAME OF COMMETTEE (in Park 1 Middle Initial) or Full Organization Name A. Berkstresser, Joedy, L., Mr., Mailing Address 2838 Chaddowne Drive Date of Receipt City State Zip Code York PA 17204 PEC ID number of contributing federal political Committee. Commercial Park 2000 76.33 Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt City State Zip Code York PA 17204 Receipt motive C 76.33 Maining Address 2838 Chaddowne Drive C City Vice President York PA PEC ID number of contributing federal political committee. 76.93 Receipt Tor: Onereld Other (specify) Aggregate Year-to-Date Y Maining Address 2838 Chaddowne Drive Yea President City State Zip Code York PA 17404 PEC ID number of contributing federal political committee. C City Stat		EIVILLED RECEIPIS			X 11a 11b 11c 12				
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME CF COMMITTEE (in Hui) Select Medical Corporation PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Berkstresser, Joedy, L., Mr., Mailing Address 2636 Chadbourne Drive City York B. Berkstresser, Joedy, L., Mr., Mailing Address 2636 Chadbourne Drive City York Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Berkstresser, Joedy, L., Mr., Mailing Address 2636 Chadbourne Drive City York Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Berkstresser, Joedy, L., Mr., Mailing Address 2636 Chadbourne Drive City York Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Berkstresser, Joedy, L., Mr., Mailing Address 2636 Chadbourne Drive City York Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Berkstresser, Joedy, L., Mr., Mailing Address 2636 Chadbourne Drive City York Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Berkstresser, Joedy, L., Mr., Mailing Address 2636 Chadbourne Drive City York Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Berkstresser, Joedy, L., Mr., Mailing Address 2636 Chadbourne Drive City York Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Berkstresser, Joedy, L., Mr., Mailing Address 2636 Chadbourne Drive City York FC ID number of contributing federal political committee. C. Berkstresser, Joedy, L., Mr., Mailing Address 2636 Chadbourne Drive City York FC ID number of contributing federal political committee. C. Berkstresser, Joedy, L., Mr., Mailing Address 2636 Chadbourne Drive City York FC ID number of contributing federal political committee. C. Berkstresser, Joedy, L., Mr., Mailing Address 2636 Chadbourne Drive City York FC ID number of contributing federal political committee. C.					13 14 15 16 17				
Select Medical Corporation PAC A. A. Barkstresser, Joedy, L., Mr., Mailing Address 2636 Chadbourne Drive City York PEC ID number of contributing federal political committee. City Cherkstresser, Joedy, L., Mr., Mailing Address 2636 Chadbourne Drive City Pace of Encloyer (for Individual) Select Medical Corporation Receipt Fo: Primary City Select Medical Corporation Receipt Fo: Point (specify) v Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Berkstresser, Joedy, L, Mr., Mailing Address 2636 Chadbourne Drive City York Pain Name of Individual (Last, First, Middle Initial) or Full Organization Name Becorpt For: Primary General Other (specify) v Aggregate Year-to-Date v Pain Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Berkstresser, Joedy, L, Mr., Mailing Address 2636 Chadbourne Drive </th <th></th> <th></th> <th></th> <th></th> <th></th>									
✓ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt A. Berkstresser, Joedy, L, Mr., Mailing Address 2636 Chadbourne Drive 08 0 10 / 2018 City York PA 17404 FEC 10 number of contributing federal political committee. C 76.93 Name of Employer (for Individual) Occupation (for Individual) Vice President Receipt For: PA 17404 Phinary Cocupation (for Individual) Occupation Name B. Berkstresser, Joedy, L, Mr., Mailing Address 2636 Chadbourne Drive Image: State City York PA 17404 FEU Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Berkstresser, Joedy, L, Mr., Mailing Address 2636 Chadbourne Drive City York PA 17404 FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Transaction D: A2018-1890736 Name of Employer (for Individual) Vice President Name of Corporation Vice President Receipt For: Other (specify) Ψ Aggregate Year-to-Date ▼ Transaction D: A2018-1930478 Name of Individual (L	$\left[\right]$								
A. Berkstresser, Joedy, L, Mr., Date of Receipt Mailing Address 2636 Chadbourne Drive 2018 Transaction ID : A2018-1816644 City York PA 17404 FEC ID number of contributing federal political committee. C Aggregate Year-to-Date ▼ Memo I tem Primary General City 1230.68 Memo I tem Primary General City 221 2018 Transaction ID : A2018-1816644 Amount of Each Receipt Inits Period Memo Item Receipt For: Primary General City 76.93 Primary General Aggregate Year-to-Date ▼ Date of Receipt I Mailing Address 2636 Chadbourne Drive City State Zip Code York PA 17404 Transaction ID : A2018-1800736 Amount of Each Receipt Init Period City Vice President Receipt For: Mailing Address 2636 Chadbourne Drive City Vice President Receipt For: PA 17404 PA 17404 PA FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Memo Item <tr< th=""><th></th><th>Select Medical Corporation FAC</th><th></th><th></th><th></th></tr<>		Select Medical Corporation FAC							
A. Berkstresser, Joedy, L, Mr., Date of Receipt Mailing Address 2636 Chadbourne Drive 2018 Transaction ID : A2018-1816644 City York PA 17404 FEC ID number of contributing federal political committee. C Aggregate Year-to-Date ▼ Memo I tem Primary General City 1230.68 Memo I tem Primary General City 221 2018 Transaction ID : A2018-1816644 Amount of Each Receipt Inits Period Memo Item Receipt For: Primary General City 76.93 Primary General Aggregate Year-to-Date ▼ Date of Receipt I Mailing Address 2636 Chadbourne Drive City State Zip Code York PA 17404 Transaction ID : A2018-1800736 Amount of Each Receipt Init Period City Vice President Receipt For: Mailing Address 2636 Chadbourne Drive City Vice President Receipt For: PA 17404 PA 17404 PA FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Memo Item <tr< th=""><th><u> </u></th><th>Full Name of Individual (Last First Middle Initi</th><th>al) or Full (</th><th>Draanization Name</th><th></th></tr<>	<u> </u>	Full Name of Individual (Last First Middle Initi	al) or Full (Draanization Name					
City York State Zip Code Transaction ID: A2018-1816644 FEC: ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer (for Individual) Occupation (for Individual) Vice President Receipt For: 1230.88 Primary General Agregate Year-to-Date ▼ Other (specify) ▼ 1230.88 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Berkstresser, Joedy, L, Mr., Mailing Address 2836 Chadbourne Drive Date of Receipt City York State Zip Code Primary General Occupation (for Individual) Vice President Receipt For: Primary General Occupation (for Individual) Vice President Aggregate Year-to-Date ▼ Memo Item Primary General Occupation (for Individual) Transaction ID: A2018-188078. Vice President Aggregate Year-to-Date ▼ Off 24 2018 Transaction ID: A2014-1874478 Transaction ID: A2018-1897478 Transaction ID: A2018-18974478 Aggregate Year-to-Date ▼ Off 7 <	Α.	Berkstresser, Joedy, L, Mr.,			Date of Receipt				
York PA 17404 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary Caneral Other (specify) ▼ Cocupation (for Individual) Vice President B. Berkstresser, Joedy, L, Mr., Maling Address 2636 Chadbourne Drive Aggregate Year-to-Date ▼ Other (specify) ▼ State Zip Code York PA Transaction ID : A2018-1890766 Amount of Each Receipt Maing Address 2636 Chadbourne Drive City York State Primary Contributing federal political committee. City York Cocupation (for Individual) Vice President Receipt For: Primary Contributing federal political committee. Aggregate Year-to-Date ▼ Primary Contributing federal political committee. Date of Receipt Transaction ID : A2018-1890766 Amount of Each Receipt this Prind Transaction ID : A2018-1974476 Amount of Each Receipt this Prind Maling Address 2836 Chadbourne Drive City York State Zip Code PA Primary Control ID : A2018-1974476 Amount of Each Receipt this Prind Transaction ID : A2018-1974476 Amount of Each Receipt this Prind		Mailing Address 2636 Chadbourne Drive							
FEC ID number of contributing federal political committee. C 76.93 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President Memo Item Bearly Termary Bearly Tork General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Bearly Termary City York State PA Zip Code PA Transaction ID : 2018-1590736. Amount of Each Receipt this Period Receipt For: Bearly Termary City York Occupation (for Individual) Vice President Occupation (for Individual) Vice President Receipt For: Bearly Termary Cother (specify) ▼ Occupation (for Individual) Vice President Date of Receipt Transaction ID : 2018-1590736. Amount of Each Receipt this Period Full Name of Individual Select Medical Corporation Occupation (for Individual) Vice President Transaction ID : 2018-1590736. Amount of Each Receipt this Period Full Name of Individual (tast, First, Middle Initial) or Full Organization Name Occupation Name Date of Receipt C. Berkstresser, Joedy, L, Mr., Maling Address 2636 Chadbourne Drive Aggregate Year-to-Date ▼ Date of Receipt Maling Address 2636 Chadbourne Drive C Transaction ID : 2018-15974778 Amount of Each Receipt this Period Full Name of Individual (cast, First, Middle Initial) or Full Organization Name C Transaction ID : 2019-15974478 </th <th></th> <th>City</th> <th></th> <th>Zip Code</th> <th>Transaction ID : A2018-1816644</th>		City		Zip Code	Transaction ID : A2018-1816644				
federal political committee. 100 Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1230.88 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Berkstresser, Joedy, L, Mr., Maling Address 2636 Chadbourne Drive Oity York PA FEUL Name of Individual C Name of Employer (for Individual) Occupation (for Individual) Vice President 76.93 Manne of Employer (for Individual) Occupation (for Individual) Vice President 1307.81 Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Pal 17404 FE Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ■ Aggregate Year-to-Date ▼ Name of Empl		York	PA	17404	Amount of Each Receipt this Period				
Select Medical Corporation Vice President Receipt For: Aggregate Year-to-Date ▼ Dither (specify) 1230.88 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Berkstresser, Joedy, L, Mr., Mailing Address 2636 Chadbourne Drive Date of Receipt City State Zip Code York PA 17404 FEC ID number of contributing federal political committee. C Marrow Cocopation (for Individual) Vice President Name of Employer (for Individual) Occupation (for Individual) Vice President Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Other (specify) ▼ 1307.81 Date of Receipt City State Zip Code York PA 1307.81 FEC ID number of contributing federal political committee. C Transaction ID : A2018-1974478 Name of Employer (for Individual) Occupation (for Individual) Transaction ID : A2018-1974478 Name of Employer (for Individual) Occupation (for Individual) Transaction ID : A2018-1974478 Name of Employer (for Individual) Occupation (for Individual) Memo Item		5	С		76.93				
Select Medical Corporation Vice President Receipt For: Aggregate Year-to-Date ▼ Dither (specify) 1230.88 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Berkstresser, Joedy, L, Mr., Mailing Address 2636 Chadbourne Drive Date of Receipt City State Zip Code York PA 17404 FEC ID number of contributing federal political committee. C Marrow Cocopation (for Individual) Vice President Name of Employer (for Individual) Occupation (for Individual) Vice President Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Other (specify) ▼ 1307.81 Date of Receipt City State Zip Code York PA 1307.81 FEC ID number of contributing federal political committee. C Transaction ID : A2018-1974478 Name of Employer (for Individual) Occupation (for Individual) Transaction ID : A2018-1974478 Name of Employer (for Individual) Occupation (for Individual) Transaction ID : A2018-1974478 Name of Employer (for Individual) Occupation (for Individual) Memo Item		Name of Employer (for Individual)	000	cupation (for Individual)	Memo Item				
Receipt For: Aggregate Year-to-Date ▼ Primary General Dther (specify) ▼ 1230.88 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Berkstresser, Joedy, L, Mr., Date of Receipt Mailing Address 2636 Chadbourne Drive 08 24 2018 City State Zip Code Transaction ID: A2018-1890736. York PA 17404 Transaction ID: A2018-1890736. Receipt For: C Occupation (for Individual) Vice President Beetstresser, Joedy, L, Mr., Aggregate Year-to-Date ▼ Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Primary General 1307.81 Date of Receipt Other (specify) ▼ Istate Zip Code Transaction ID: A2018-197.4478 York State Zip Code Transaction ID: A2018-197.4478 Mailing Address 2636 Chadbourne Drive Occupation (for Individual) Date of Receipt City York State Zip Code Transaction ID: A2018-197.4478 Name of Employer (for Individual) Occupation (for Individual) Memo				,					
Primary General Page equals real-to-bale ▼ B. Berkstresser, Joedy, L, Mr., Image particulation name Date of Receipt B. Berkstresser, Joedy, L, Mr., Mailing Address 2636 Chadbourne Drive Date of Receipt City State Zip Code York PA 17404 FEC ID number of contributing federal political committee. C 76.93 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President Memo Item Receipt For: Aggregate Year-to-Date ▼ 1307.81 Date of Receipt Cliy State Zip Code 76.93 Primary General Occupation (for Individual) Vice President Date of Receipt Receipt For: Aggregate Year-to-Date ▼ 1307.81 Date of Receipt Cliy State Zip Code 76.93 York State Zip Code 76.93 Cliy State Zip Code 76.93 York PA 1307.81 Date of Receipt Cliy State Zip Code 76.93 York PA 17404 FEC ID number of c			-						
Other (specify) ▼ 1230.88 B. Berkstresser, Joedy, L, Mr., Date of Receipt Mailing Address 2636 Chadbourne Drive 24 2018 City State Zip Code York PA 17404 FEC ID number of contributing federal political committee. C 76.93 Name of Employer (for Individual) Occupation (for Individual) 0ccupation Name Select Medical Corporation Occupation (for Individual) 0cf 76.93 Vice President 1307.81 Date of Receipt Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 0 0 C. Berkstresser, Joedy, L, Mr., Aggregate Year-to-Date ▼ 0 0 Mailing Address 2636 Chadbourne Drive C 0 0 0 City Vork State Zip Code 76.93 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt 0 City Vork State Zip Code 76.93 Vork File Zip Code 76.93 76.93 76.93 FEC ID number of contributing federal political committee. C 76.			Aggregate	e Year-to-Date ▼					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Berkstresser, Joedy, L, Mr., Mailing Address 2636 Chadbourne Drive 08 / 24 / 2018 City State Zip Code York PA 17404 FEC ID number of contributing tederal political committee. C 76.93 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President Memo Item Receipt For: Aggregate Year-to-Date ▼ 1307.81 Date of Receipt Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Memo Item C. Berkstresser, Joedy, L, Mr., Mailing Address 2636 Chadbourne Drive 1307.81 Date of Receipt City York Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt City York PA 17404 Parescient Tis Period FEC ID number of contributing federal political committee. C Transaction ID : A2018-1974478 Amount of Each Receipt this Period Name of Employer (for Individual) Occupation (for Individual) Occupation (for Individual) Memo Item Selet Medical Corporation Vice President				1230.88					
B. Berkstresser, Joedy, L, Mr., Date of Receipt Mailing Address 2636 Chadbourne Drive 08 24 2018 City PA 17404 Transaction ID: A2018-1890736 York PA 17404 Transaction ID: A2018-1890736 Name of Employer (for Individual) Occupation (for Individual) Memo Item Select Medical Corporation Occupation (for Individual) Memo Item Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ City State Zip Code Transaction ID: A2018-197478 Mailing Address 2636 Chadbourne Drive 07 2018 City State Zip Code York PA 17404 FEC ID number of contributing tederal political committee. C City State Zip Code York PA 17404 FEC ID number of contributing tederal political committee. C Name of Employer (for Individual) Occupation (for Individual) Vork PA 17404 FEC ID number of contributing tederal political committee. C Name of Employer (for Individual) Occupation									
B. Berkstresser, Joedy, L, Mr., Date of Receipt Mailing Address 2636 Chadbourne Drive 08 24 2018 City PA 17404 Transaction ID: A2018-1890736 York PA 17404 Transaction ID: A2018-1890736 Name of Employer (for Individual) Occupation (for Individual) Memo Item Select Medical Corporation Occupation (for Individual) Memo Item Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ City State Zip Code Transaction ID: A2018-1890736 Address 2636 Chadbourne Drive 0 Occupation (for Individual) Memo Item City State Zip Code Transaction ID: A2018-18974478 Mailing Address 2636 Chadbourne Drive O 07 2018 City State Zip Code Transaction ID: A2018-1974478 York PA 17404 Memo Item FEC ID number of contributing C Memo Item 76.93 City York PA 17404 Memo Item FEC ID number of contributing C Memo Item 76.93	_	Full Name of Individual (Last, First, Middle Initi	al) or Full C	Organization Name					
City State Zip Code York PA 17404 FEC ID number of contributing C Amount of Each Receipt this Period Mame of Employer (for Individual) Occupation (for Individual) Memo Item Select Medical Corporation Occupation (for Individual) Memo Item Fec ID number of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt City State Zip Code York State Zip Code City State Zip Code York State Zip Code City State Zip Code York State Zip Code York State Zip Code York PA 17404 FEC ID number of contributing C 2018 City State Zip Code York PA 17404 FEC ID number of contributing C 76.93 Receipt For: Aggregate Year-to-Date ▼ Memo Item Name of Employer (for Individual) Occupation (for Individual) Memo Item Select Medical Corporation </th <th>В.</th> <th></th> <th></th> <th><u>.</u></th> <th>Date of Receipt</th>	В.			<u>.</u>	Date of Receipt				
City State Zip Code York PA 17404 FEC ID number of contributing C Amount of Each Receipt this Period Mame of Employer (for Individual) Occupation (for Individual) Memo Item Select Medical Corporation Occupation (for Individual) Memo Item Fec ID number of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt City State Zip Code York State Zip Code City State Zip Code York State Zip Code City State Zip Code York State Zip Code York State Zip Code York PA 17404 FEC ID number of contributing C 2018 City State Zip Code York PA 17404 FEC ID number of contributing C 76.93 Receipt For: Aggregate Year-to-Date ▼ Memo Item Name of Employer (for Individual) Occupation (for Individual) Memo Item Select Medical Corporation </th <th></th> <th></th> <th colspan="7">ng Address 2636 Chadbourne Drive</th>			ng Address 2636 Chadbourne Drive						
York PA 17404 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President Memo Item Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Date of Receipt City State Zip Code Transaction ID : A2018-1974478 York PA 17404 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C State Zip Code York PA 17404 PA Memo Item FEC ID number of contributing federal political committee. C Mailing Address 2636 Chadbourne Drive Memo Item Select Medical Corporation Occupation (for Individual) Vice President Memo Item Memo Item Mame of Employer (for Individual) Select Medical Corporation Aggregate Year-to-Date ▼ Memo Item Primary General Aggregate Year-to-Date ▼ Memo Item					08 24 2018				
FEC ID number of contributing federal political committee. C 76.93 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President Memo Item Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ Memo Item Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt C. Berkstresser, Joedy, L, Mr., Mailing Address 2636 Chadbourne Drive Date of Receipt City York State Zip Code PEC ID number of contributing federal political committee. C Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President Memo Item Receipt For: Primary General Occupation (for Individual) Vice President Memo Item Memo Item Aggregate Year-to-Date ▼ Memo Item Memo Item		City	State	Zip Code	Transaction ID : A2018-1890736				
federal political committee. 76.93 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President Memo Item Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Image: Constraint of the second		York	PA	17404					
Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President Memo Item Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt C. Berkstresser, Joedy, L, Mr., Mailing Address 2636 Chadbourne Drive Date of Receipt City York State Zip Code PA 17404 Transaction ID : A2018-1974478 Amount of Each Receipt this Period 76.93 FEC ID number of contributing federal political committee. Occupation (for Individual) Vice President Memo Item Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President Memo Item Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ Memo Item		FEC ID number of contributing	\mathbf{c}		70.00				
Select Medical Corporation Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ I 307.81 Berkstresser, Joedy, L, Mr., Date of Receipt Mailing Address 2636 Chadbourne Drive 09 / 07 / 2018 City State Zip Code York PA 17404 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify)		federal political committee.	C		76.93				
Select Medical Corporation Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ I 307,81 Berkstresser, Joedy, L, Mr., Date of Receipt Mailing Address 2636 Chadbourne Drive 09 City State Zip Code York PA 17404 FEC ID number of contributing C Transaction ID : A2018-1974478 Mame of Employer (for Individual) Occupation (for Individual) Transaction ID : A2018-1974478 Name of Employer (for Individual) Occupation (for Individual) Memo Item Select Medical Corporation Aggregate Year-to-Date ▼ Memo Item Primary General Aggregate Year-to-Date ▼ Memo Item		Name of Employer (for Individual)	000	cupation (for Individual)	Memo Item				
Primary General Other (specify) ▼ 1307.81 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt C. Berkstresser, Joedy, L, Mr., Date of Receipt Mailing Address 2636 Chadbourne Drive 09 City State Zip Code York PA 17404 FEC ID number of contributing federal political committee. C 76.93 Name of Employer (for Individual) Occupation (for Individual) 76.93 Select Medical Corporation Vice President Memo Item Primary General 1384.74 0ther (specify)		Select Medical Corporation		,					
Other (specify) Image: specify in the specific term in the			Aggregate	e Year-to-Date ▼					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt C. Berkstresser, Joedy, L, Mr., Date of Receipt Mailing Address 2636 Chadbourne Drive 09 07 2018 City State Zip Code Transaction ID : A2018-1974478 York PA 17404 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 76.93 Name of Employer (for Individual) Occupation (for Individual) Memo Item Select Medical Corporation Aggregate Year-to-Date Memo Item Primary General 1384.74 0ther (specify)				1207.01					
C. Berkstresser, Joedy, L, Mr., Date of Receipt Mailing Address 2636 Chadbourne Drive Date of Receipt City State Zip Code York PA 17404 FEC ID number of contributing C Transaction ID : A2018-1974478 Amount of Each Receipt this Period C 76.93 Name of Employer (for Individual) Occupation (for Individual) Memo Item Select Medical Corporation Aggregate Year-to-Date ▼ Memo Item Primary General 1384.74 Other (specify)		Other (specify) ▼		, 1307.81					
Mailing Address 2636 Chadbourne Drive Image: City State Zip Code Image: City O7 2018 York PA 17404 Image: City	_		al) or Full C	Drganization Name	Data of Descript				
City State Zip Code York PA 17404 FEC ID number of contributing C 76.93 federal political committee. Occupation (for Individual) Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation Occupation (for Individual) Vice President Aggregate Year-to-Date ▼ Primary General Other (specify) 1384.74	С.								
City York State PA Zip Code 17404 Transaction ID : A2018-1974478 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President Memo Item Receipt For: Other (specify) Aggregate Year-to-Date ▼ Memo Item		wanny Auress 2636 Chadbourne Drive							
York PA 17404 FEC ID number of contributing federal political committee. C 76.93 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President Memo Item Receipt For: Aggregate Year-to-Date ▼ 1384.74		City	State	Zin Code	استغلبا ليتبا التنا				
FEC ID number of contributing federal political committee. C 76.93 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Primary General 1384.74 220.70									
federal political committee. 76.93 Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1384.74									
Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1384.74		5	С		76.93				
Select Medical Corporation Vice President Receipt For: Aggregate Year-to-Date ▼ Other (specify) 1384.74									
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1384.74		Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item				
Primary General Other (specify) General		· ·	Vice	e President					
Primary General Other (specify)		Receipt For:	Aggregate	e Year-to-Date ▼					
		Primary General							
SUBTOTAL of Receipts This Page (optional)		Other (specify)	L	1384.74					
SUBTOTAL of Receipts This Page (optional)									
	s	UBTOTAL 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 23 OF 243 (check only one) ************************************
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements mane and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	,		
Full Name of Individual (Last, First, Middle Initial) or Figure Berkstresser, Joedy, L, Mr., Mailing Address 2636 Chadbourne Drive			Drganization Name	Date of Receipt
	City York	State PA	Zip Code 17404	Transaction ID : A2018-2130771 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	e President • Year-to-Date 1461.67	Memo Item
В.	Full Name of Individual (Last, First, Middle Initi Blake, Kelly, L, Ms., Mailing Address 3269 Blue Goose Road	ial) or Full C	Drganization Name	Date of Receipt
	City Nicktown	State PA	Zip Code 15762	08 10 2018 Transaction ID : A2018-1816602 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.84]
С.	Full Name of Individual (Last, First, Middle Initi Blake, Kelly, L, Ms.,	ial) or Full C	Drganization Name	Date of Receipt
	Mailing Address 3269 Blue Goose Road			08 / D D / Y Y Y Y 08 24 2018
	City Nicktown	State PA	Zip Code 15762	Transaction ID : A2018-1890695 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ninistrator	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 327.08]
s	UBTOTAL of Receipts This Page (optional)			115.41

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

CHEDULE A (FEC Form 3X TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 24 OF (check only one)
		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation F	YAC		
Full Name of Individual (Last, First, Middle Blake, Kelly, L, Ms.,	ə Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3269 Blue Goose Road			09 07 Y Y Y Y 2018
City	State	Zip Code	Transaction ID : A2018-1974437
Nicktown	PA	15762	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.24
Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item
Select Medical Corporation	Adm	ninistrator	
Receipt For:	Aggregate	Year-to-Date V	
Primary General			
Other (specify) v		346.32	
Tall Manage of Individual (Last Timb Middle		un di su blanca	
Full Name of Individual (Last, First, Middle Blake, Kelly, L, Ms.,	initial) or full O	rganization Name	Date of Receipt
Mailing Address 3269 Blue Goose Road			
			09 21 2018
City	State	Zip Code	Transaction ID : A2018-2130896
Nicktown	PA	15762	Amount of Each Receipt this Period
	С		19.24
FEC ID number of contributing			
FEC ID number of contributing federal political committee.	U		
•	Occi	upation (for Individual)	Memo Item
federal political committee. Name of Employer (for Individual) Select Medical Corporation	Occu	ninistrator	
federal political committee.	Occu	,	
federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For:	Occu	ninistrator	
federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle)	Aggregate	ninistrator Year-to-Date ▼ 365.56	
federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle)	Aggregate	ninistrator Year-to-Date ▼ 365.56	Memo Item
federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Bodek, Rose, M, , Mailing Address 225 Bender Dr Suite 1050 City	Aggregate e Initial) or Full O	Year-to-Date ▼ 365.56 rganization Name Zip Code	Date of Receipt
federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Bodek, Rose, M, , Mailing Address 225 Bender Dr Suite 1050	Aggregate e Initial) or Full O	rganization Name	Date of Receipt

Occupation (for Individual)

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional).....

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

Regional Director of Case Managemen

307.84

Name of Employer (for Individual)

General

Select Medical Corporation

Other (specify)

Receipt For:

Primary

57.72

1.000

Memo Item

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 OF 25 25 25 26 27
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Select Medical Corporation F	the name and ad		son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name of Individual (Last, First, Middle Bodek, Rose, M, , Mailing Address 225 Bender Dr Suite 1050		- 	Date of Receipt
City Carrolltown FEC ID number of contributing federal political committee.	State PA	Zip Code 15722-6909	Transaction ID : A2018-1890662 Amount of Each Receipt this Period 19.24
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Regio	oation (for Individual) onal Director of Case Managemen ⁄ear-to-Date ▼ 327.08	Memo Item
Full Name of Individual (Last, First, Middle Bodek, Rose, M, , Mailing Address 225 Bender Dr Suite 1050 City Carrolltown FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	State PA C Occu Regio	Zip Code 15722-6909 pation (for Individual) onal Director of Case Managemen fear-to-Date ▼ 346.32	Date of Receipt
Full Name of Individual (Last, First, Middle Bodek, Rose, M, , Mailing Address 225 Bender Dr	e Initial) or Full Org	ganization Name	Date of Receipt
0.11 1050			09 21 2018

Mailing Address 225 Bender Dr Suite 1050			09 21 2018
City	State	Zip Code	Transaction ID : A2018-2130863
Carrolltown	PA	15722-6909	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.24
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
Select Medical Corporation	Region	al Director of Case Managemen	
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 365.56	
SUBTOTAL of Receipts This Page (optional)		····· •	57.72
TOTAL This Period (last page this line numb	er only)	•••••••	

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

243

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 26 OF 243					
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)					
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC								
Α.	Full Name of Individual (Last, First, Middle Initia Boland, Torianne, L, ,	al) or Full C	Organization Name	Date of Receipt					
	Mailing Address 10 Hunters Chase			M = M / D = D / Y = Y = Y = Y Y 08 10 2018					
	City	State	Zip Code	Transaction ID : A2018-1816574					
	Etters	PA	17319	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		19.24					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item					
	Receipt For:	Angregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		307.84]					
В.	Full Name of Individual (Last, First, Middle Initia Boland, Torianne, L, ,	al) or Full C	Organization Name	Date of Receipt					
υ.	Mailing Address 10 Hunters Chase			08 24 2018					
	City	State	Zip Code	Transaction ID : A2018-1890667					
	Etters	PA	17319	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		19.24					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 327.08]					
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Boland, Torianne, L, ,	Date of Receipt							
	Mailing Address 10 Hunters Chase			09 07 2018					
	City Etters	State PA	Zip Code 17319	Transaction ID : A2018-1974409 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		19.24					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item					
	Receipt For:		Year-to-Date ▼	-					
	Primary General Other (specify)	, iggi egale	346.32]					
s	UBTOTAL of Receipts This Page (optional)			57.72					

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 27 OF 243
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
A.	Full Name of Individual (Last, First, Middle Initia Boland, Torianne, L, ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 10 Hunters Chase			09 / D D / Y Y Y Y 21 2018
	City Etters	State PA	Zip Code 17319	Transaction ID : A2018-2130868 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.56]
в.	Full Name of Individual (Last, First, Middle Initia Bolcavage, Theodore, J, Mr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 207 Bryant St			08 / D D / Y Y Y Y 08 10 2018
	City Mechanicsburg	State PA	Zip Code 17050-4148	Transaction ID : A2018-1816686 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	P Year-to-Date ▼ 1230.88]
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Bolcavage, Theodore, J, Mr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 207 Bryant St			M M / D D / Y
	City Mechanicsburg	State PA	Zip Code 17050-4148	Transaction ID : A2018-1890778 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item
	Receipt For:	Aggregate	e Year-to-Date ▼ 1307.81]
s	UBTOTAL of Receipts This Page (optional)			173.10

TOTAL This Deviced (had many this line number only)									
TOTAL This Period (last page this line number only)	 1.	1	-	-	-	 -	and the second	-	-

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 28 OF

			Use separate schedule(s)	(ch	(check only one)								
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		4 11a		11b	11c		r	47		
	y information copied from such Reports and Sta for commercial purposes, other than using the									ributic			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC												
A.	Full Name of Individual (Last, First, Middle Initia Bolcavage, Theodore, J, Mr.,	al) or Full O	rganization Name		Date of Receipt								
	Mailing Address 207 Bryant St				09 07 2018								
	City Mechanicsburg	State PA	Zip Code 17050-4148					A2018-1 eceipt th					
	FEC ID number of contributing federal political committee.	C			<u> </u>					76.93	3		
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President		M	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1384.74										
в.	Full Name of Individual (Last, First, Middle Initia Bolcavage, Theodore, J, Mr.,	al) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 207 Bryant St				м м 09	/	21	/ Y	2018	ү ү 8			
	City Mechanicsburg	State PA	Zip Code 17050-4148		Transaction ID : A2018-2130813 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	ů (76.93							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President		M	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1461.67										
с.	Full Name of Individual (Last, First, Middle Initia Boutwell, Bobby, W, Mr.,	al) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 600 Preston Glen Cir				08	1	D D D 10		2018	8			
	City Canton	State GA	Zip Code 30114-4163					A2018-1 eceipt th					
	FEC ID number of contributing federal political committee.	С			Ē	_	y .	,		19.24	1		
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) inistrator		M	ema	tem						
	Receipt For: Primary General Other (specify)												
s	UBTOTAL of Receipts This Page (optional)			•			,	.,	1	73.10)		
т	OTAL This Period (last page this line number o	nly)		•						-			

S	HEDULE A (FEC Form 3X)			concrete cohodula(a)	FOR LINE NUMBER: PAGE 29 OF 243				
ITEMIZED RECEIPTS			for e	separate schedule(s) each category of the iled Summary Page	(check only one) ▲ 11a 11b 13 14 15 16 17				
	y information copied from such Reports and Sta for commercial purposes, other than using the r								
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC								
Α.	Full Name of Individual (Last, First, Middle Initia Boutwell, Bobby, W, Mr.,	al) or Full C	Organiza	tion Name	Date of Receipt				
	Mailing Address 600 Preston Glen Cir				08 / D D / Y Y Y Y 08 24 2018				
	City Canton	State GA		0 Code 0114-4163	Transaction ID : A2018-1890759 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С			19.24				
	Name of Employer (for Individual) Select Medical Corporation		upation ninistrate	(for Individual) or	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to	Date ▼ 327.08]				
B	Full Name of Individual (Last, First, Middle Initia Boutwell, Bobby, W, Mr.,	al) or Full C	Organiza	tion Name	Date of Receipt				
υ.	Mailing Address 600 Preston Glen Cir	09 07 2018							
	City Canton	State GA	· · ·	0 Code 0114-4163	Transaction ID : A2018-1974501 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С			19.24				
	Name of Employer (for Individual) Select Medical Corporation		cupation ministrat	(for Individual) or	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to	Date ▼ 346.32]				
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Boutwell, Bobby, W, Mr.,	al) or Full C	Organiza	tion Name	Date of Receipt				
	Mailing Address 600 Preston Glen Cir				M M / D D / Y Y Y Y 09 21 2018				
	City Canton	State GA		Code 0114-4163	Transaction ID : A2018-2130794 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С			19.24				
	Name of Employer (for Individual) Select Medical Corporation		upation ninistrate	(for Individual) or	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to	Date ▼ 365.56]				
s	UBTOTAL of Receipts This Page (optional)			·····	57.72				

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

. .

FEC ID number of contributing

Name of Employer (for Individual)

federal political committee.

Select Medical Corporation

Receipt For:

	-									
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 OF (check only one) Image: Check only one in the image: Check only one in the image: Check on in the image: C						
				person for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Select Medical Corporation F	PAC									
Full Name of Individual (Last, First, Middle Bradley, Daniel, F, Mr., Mailing Address 2261 Turk Road	e Initial) or Fι	ull Organ	nization Name	Date of Receipt						
City	State)	Zip Code	Transaction ID : A2018-1816537						
Doylestown	PA		18901	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C			192.31						
Name of Employer (for Individual) Select Medical Corporation		Occupat Preside	ion (for Individual) nt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggreg	gate Yea	r-to-Date ▼ 3076.96]						
Full Name of Individual (Last, First, Middle B. Bradley, Daniel, F, Mr.,	e Initial) or Fu	ull Orgar	nization Name	Date of Receipt						
Mailing Address 2261 Turk Road				M / D / Y						
City	State)	Zip Code	Transaction ID : A2018-1890630						
Doylestown	PA		18901	Amount of Each Receipt this Period						

С

City Doylestown	State PA	Zip Code 18901	Transaction ID : A2018-1890630 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		192.31					
Name of Employer (for Individual) Select Medical Corporation		pation (for Individual) ident	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 3269.27]					
Full Name of Individual (Last, First, Middle C. Bradley, Daniel, F, Mr.,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bradley, Daniel, F, Mr.,							
Mailing Address 2261 Turk Road	State	Zip Code	09 / 07 / 2018					
Doylestown	PA	18901	Transaction ID : A2018-1974372					

Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3461.58	
SUBTOTAL of Receipts This Page (optional)	•••••••	576.93
TOTAL This Period (last page this line number	only)	

Occupation (for Individual)

President

192.31

Amount of Each Receipt this Period

Memo Item

243

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 OF 243 (check only one) Image: Check only one in the image: Check only one in the image: Check on the					
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements m name and a	ay not be sold or used by any peaddress of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	,							
A.	Full Name of Individual (Last, First, Middle Initi Bradley, Daniel, F, Mr.,	al) or Full C	Drganization Name	Date of Receipt					
	Mailing Address 2261 Turk Road			09 21 2018					
	City	State	Zip Code	Transaction ID : A2018-2130831					
	Doylestown	PA	18901	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		192.31					
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) esident	Memo Item					
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General Other (specify) ▼		3653.89]					
В.	Full Name of Individual (Last, First, Middle Initi Breighner, Robert, G, Mr., Jr.	Date of Receipt							
	Mailing Address 613 Carrie Drive			08 10 / Y Y Y Y 2018					
	City Dallastown	State PA	Zip Code 17313	Transaction ID : A2018-1816547 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		76.93					
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) æ President	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1230.88]					
<u> </u>	Full Name of Individual (Last, First, Middle Initi Breighner, Robert, G, Mr., Jr.	al) or Full C	Drganization Name	Date of Receipt					
	Mailing Address 613 Carrie Drive			08 24 2018					
	City Dallastown	State PA	Zip Code 17313	Transaction ID : A2018-1890640 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.				76.93					
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item					
	Receipt For:		Year-to-Date ▼	—					
	Primary General Other (specify)		1307.81]					
s	UBTOTAL of Receipts This Page (optional)			346.17					

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 32 OF 243 (check only one) 11a 11a 11b 11c 12						
			Detailed Summary Page	11a 13	11b 14	11c 12 15 16 17			
	y information copied from such Reports and State for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) Select Medical Corporation PAC								
/	•		un di stati						
Α.	Full Name of Individual (Last, First, Middle Initial) Breighner, Robert, G, Mr., Jr. Mailing Address 613 Carrie Drive City Dallastown	or Full O State PA	Zip Code 17313	09 Trans		2018 2018-1974382 ceipt this Period			
	Name of Employer (for Individual)		upation (for Individual)		emo Item	76.93			
	Select Medical Corporation Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1384.74						
В.	Full Name of Individual (Last, First, Middle Initial) Breighner, Robert, G, Mr., Jr.	or Full O	rganization Name		Receipt				
	Mailing Address 613 Carrie Drive City Dallastown	State PA	Zip Code 17313			2018 2018-2130841 ceipt this Period			
		C				76.93			
	Name of Employer (for Individual) Select Medical Corporation Receipt For: A Primary General Other (specify) ▼	Vice	upation (for Individual) e President Year-to-Date ▼ 1461,67						
C.	Full Name of Individual (Last, First, Middle Initial) Brozowsky, Diane, M, Ms.,	or Full O	rganization Name		Receipt				
	Mailing Address 1795 Alpine Ave	State	Zip Code	08 Trans	10 action ID : A	2018 2018-1816589			
	Boulder FEC ID number of contributing federal political committee.	co C	80304-3649	Amount	of Each Re	ceipt this Period			
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	upation (for Individual) President	M	emo Item					
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 307.84						
s	UBTOTAL of Receipts This Page (optional)		•		. , .	, 173.10			
т	OTAL This Period (last page this line number only	/)	••••••						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 OF 243 (check only one) Image: Check only one in the image: Check one in the
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Brozowsky, Diane, M, Ms.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1795 Alpine Ave			08 / Y Y Y Y Y 08 24 2018
	City Boulder	State CO	Zip Code 80304-3649	Transaction ID : A2018-1890682 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	upation (for Individual) e President Year-to-Date ▼ 327.08	Memo Item
В.	Full Name of Individual (Last, First, Middle Initia Brozowsky, Diane, M, Ms., Mailing Address 1795 Alpine Ave	al) or Full C	organization Name	Date of Receipt
	City Boulder FEC ID number of contributing federal political committee.	State CO	Zip Code 80304-3649	Transaction ID : A2018-1974424 Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation	Occ	upation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 346.32]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Brozowsky, Diane, M, Ms.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1795 Alpine Ave	09 / D D / Y Y Y Y 21 2018		
	City Boulder	State CO	Zip Code 80304-3649	Transaction ID : A2018-2130883 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Vice	upation (for Individual) President Year-to-Date ▼	Memo Item
	Primary General Other (specify)	, iggi egale	365.56]
s	UBTOTAL of Receipts This Page (optional)			57.72

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 34 OF

			D	Detailed Summary Page	×	11a	a		11b 14	┝	11c	-	12 16	17	
	y information copied from such Reports and State for commercial purposes, other than using the na					for th					soliciting		ntribut	ions	
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC														
A.	Full Name of Individual (Last, First, Middle Initial) Buchs, Josceylon, R, , Mailing Address 311 N 24th Street) or Full Or	rgan	ization Name		Date of Receipt									
	Suite 1050		0	3		1.00	0	/ Y	1	018	Y				
	City Camp Hill	State PA		Zip Code 17011							2018-1 ceipt th				
	FEC ID number of contributing federal political committee.	С								_	38.4	7			
	Name of Employer (for Individual) Select Medical Corporation	Occu Vice			Me	mo	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 615.52											
B.	Full Name of Individual (Last, First, Middle Initial) Buchs, Josceylon, R, ,) or Full Or		Date	of	Re	ceipt								
	Mailing Address 311 N 24th Street Suite 1050								08 / D D / Y Y Y Y 24 2018						
	City Camp Hill	State PA	Zip Code 17011		Transaction ID : A2018-1890776 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	38.47													
	Name of Employer (for Individual) Select Medical Corporation	ion (for Individual) esident	Memo Item												
	Receipt For: 0 Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 653.99]										
С.	Full Name of Individual (Last, First, Middle Initial Buchs, Josceylon, R, ,) or Full Or	rgan	ization Name		Date	of	Re	ceipt						
	Mailing Address 311 N 24th Street Suite 1050	1				[™] 0	9	/	C)7	/ Y	20)18 [°]	Y	
	City Camp Hill	State PA		Zip Code 17011							A2018-1 eceipt th				
	FEC ID number of contributing federal political committee.	C							,		,	_	38.4	7	
	Name of Employer (for Individual) Select Medical Corporation			Me	emo	ltem	I								
	Receipt For: // Primary General Other (specify)	Aggregate	Year	r-to-Date ▼ 692.46]										
s	UBTOTAL of Receipts This Page (optional)								,		,		115.4	1	
т	OTAL This Period (last page this line number onl	y)			•				-			_			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 OF 243 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	٨C		
Full Name of Individual (Last, First, Middle II A. Buchs, Josceylon, R, ,	nitial) or Full Or	rganization Name	Date of Receipt
Mailing Address 311 N 24th Street			09 / 21 / Y Y Y Y 2018
City Camp Hill	State PA	Zip Code 17011	Transaction ID : A2018-2130811
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation		ipation (for Individual) President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 730.93]
Full Name of Individual (Last, First, Middle II B. Butler, Scott, A, Mr.,	nitial) or Full Or	rganization Name	Date of Receipt
Mailing Address 8866 Nevada Drive	08 10 / Y Y Y Y 2018		
City Newburgh	State IN	Zip Code 47630	Transaction ID : A2018-1816676 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.24
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) D/Administrator	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.84]
Full Name of Individual (Last, First, Middle II C. Butler, Scott, A, Mr.,	nitial) or Full Or	rganization Name	Date of Receipt
Mailing Address 8866 Nevada Drive	M M / D D / Y		
City Newburgh	State IN	Zip Code 47630	Transaction ID : A2018-1890768
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation		ipation (for Individual) /Administrator	Memo Item
Receipt For: Primary General Other (specify)	Year-to-Date ▼ 327.08]	
SUBTOTAL of Receipts This Page (optional)			76.95

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

SCHEDULE A (FEC		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 OF 243 (check only one) I1a I1a 11b I1c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (Ir Select Medical Co			
Full Name of Individual (La A. Butler, Scott, A, Mr.,	st, First, Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 8866 Neva	ada Drive		09 07 2018
City Newburgh	State IN	Zip Code 47630	Transaction ID : A2018-1974510 Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.	ting		
Name of Employer (for Indi Select Medical Corporation		upation (for Individual) D/Administrator	Memo Item
Receipt For: Primary Ger Other (specify) ▼	heral Aggregate	Year-to-Date ▼ 346.32]
Full Name of Individual (La B. Butler, Scott, A, Mr.,	st, First, Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 8866 Neva	ida Drive	09 21 2018	
City Newburgh	State IN	Zip Code 47630	Transaction ID : A2018-2130803 Amount of Each Receipt this Period
FEC ID number of contribu federal political committee.	ting		19.24
Name of Employer (for Indi Select Medical Corporation	,	upation (for Individual) D/Administrator	Memo Item
Receipt For: Primary Ger Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.56	1
Full Name of Individual (La C. Butt, Zaahra, A, ,	st, First, Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 4158 Cher Suite 1050)		08 / D D / Y Y Y Y 08 2018
City Troy	State MI	Zip Code 48098	Transaction ID : A2018-1816573 Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.	ting		38.47
Name of Employer (for Indi Select Medical Corporation		upation (for Individual) iinistrator	Memo Item
Receipt For: Primary Ger Other (specify)	Aggregate	Year-to-Date ▼ 615.52]
SUBTOTAL of Receipts This	Page (optional)	•	76.95

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

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 37 OF

243

			for each category of the	× 11a 11b 11c 12										
			Detailed Summary Page	13 14 15 16 17										
				person for the purpose of soliciting contributions be to solicit contributions from such committee.										
\backslash	NAME OF COMMITTEE (In Full)	-												
\sum	Select Medical Corporation PA	С												
Α.	Full Name of Individual (Last, First, Middle In Butt, Zaahra, A, ,	nitial) or Full O	rganization Name	Date of Receipt										
	Mailing Address 4158 Cherrywood													
	Suite 1050	State	Zip Code	08 24 2018										
	Troy	MI	48098	Transaction ID : A2018-1890666										
				Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		38.47										
	Name of Employer (for Individual) Select Medical Corporation	Memo Item												
	Receipt For:	—												
	Primary General		Year-to-Date ▼ 653.99											
	Other (specify) v													
в.	Full Name of Individual (Last, First, Middle In Butt, Zaahra, A, ,	iitial) or Full O	rganization Name	Date of Receipt										
	Mailing Address 4158 Cherrywood Suite 1050			09 / D D / Y Y Y Y Y 2018										
	City	State	Zip Code	Transaction ID : A2018-1974408										
	Тгоу	MI	48098	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		38.47										
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item										
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		692.46											
С.	Full Name of Individual (Last, First, Middle In Butt, Zaahra, A, ,	l hitial) or Full O	rganization Name	Date of Receipt										
	Mailing Address 4158 Cherrywood Suite 1050			M M / D D / Y Y Y Y 09 21 2018										
	City	State	Zip Code	Transaction ID : A2018-2130867										
	Тгоу	MI	48098	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		38.47										
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item										
	Select Medical Corporation		ninistrator	_										
	Receipt For:													
	Primary General													
	Other (specify)		730.93											
s	UBTOTAL of Receipts This Page (optional)			115.41										
Т	OTAL This Period (last page this line number	only)												

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

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 38 OF

		Use separate schedule(s)	(check	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 1	- F	1 ¹	1b	11c	12	47					
Any information copied from such Reports and or for commercial purposes, other than using			person for	the p	urpo	se of								
NAME OF COMMITTEE (In Full)														
Select Medical Corporation P	AC													
Full Name of Individual (Last, First, Middle A. Campbell, Matthew, J, ,	Initial) or Full C	organization Name	Date of Receipt											
Mailing Address 2910 Pimlico Ln				08 10 2018										
City Saginaw	State MI	Zip Code 48603-6190					A2018-1 eceipt th							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 38.47											
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator		Mer	no li	tem								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 615.52	1											
Full Name of Individual (Last, First, Middle B. Campbell, Matthew, J, ,	Initial) or Full C	organization Name	Dat	te of I	Becc	aint								
Mailing Address 2910 Pimlico Ln			М	08	/	24	/ Y	2018	Y					
City	State MI		Transaction ID : A2018-1890749 Amount of Each Receipt this Period											
Saginaw FEC ID number of contributing federal political committee.	С	Am	38.47											
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator		Mer	no li	tem								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 653.99]											
Full Name of Individual (Last, First, Middle C. Campbell, Matthew, J, ,	Initial) or Full C	Organization Name	Dat	te of I	Rece	eipt								
Mailing Address 2910 Pimlico Ln				09 ^M	/	D D 07	/ Y	2018 Y	Y					
City Saginaw	State MI	Zip Code 48603-6190					A2018-1 eceipt th	974491 is Period						
FEC ID number of contributing federal political committee.	С			_	7			38.4	47					
Name of Employer (for Individual) Select Medical Corporation	Occ Adm		Mer	no li	tem									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 692.46]											
SUBTOTAL of Receipts This Page (optional)								115.4	11					
TOTAL This Period (last page this line numb	er only)				,									

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 39 OF

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	>	K 1 ¹	1a 3] 1 [.]	1b 4	1*	c 5	12		17					
	Detailed Summary Page information copied from such Reports and Statements may not be sold or used by a r commercial purposes, other than using the name and address of any political commAME OF COMMITTEE (In Full) Select Medical Corporation PAC ull Name of Individual (Last, First, Middle Initial) or Full Organization Name Campbell, Matthew, J., . alling Address 2910 Pimitoc Ln ity State Zip Code againaw C C C againaw C C C againaw C C C againaw C C C againaw C againaw C C C againaw C C C ame of Employer (for Individual) Occupation (for Individual) elect Medical Corporation Aggregate Year-to-Date ▼ Primary General C Other (specify) ▼ State Zip Code agaodr State Zip Code agaodr General Occupation (for Individual) Address 316 Woodl				for	the		po	se of	f solic	iting	contri	buti	ons					
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;																	
Α.	Campbell, Matthew, J, ,	al) or Full O	rganization Name	Date of Receipt															
	City		09 21 2018 Transaction ID : A2018-2130784																
	Saginaw		· ·																
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period															
	Name of Employer (for Individual) Select Medical Corporation					Μ	lemo	o It	tem										
	Primary General	Aggregate	Year-to-Date ▼ 730.93																
в.	Full Name of Individual (Last, First, Middle Initi Canard, Robert, S, Mr.,	Date of Receipt																	
	Mailing Address 316 Woodlands Green Pl.								08 10 2018										
	City		Zip Code	Transaction ID : A2018-1816614															
	Brandon	MS	39047	_	Am	oun	t of	Ea	ach F	Receij	ot thi	is Peri	od						
	FEC ID number of contributing federal political committee.	s a l									38.47								
	Name of Employer (for Individual) Select Medical Corporation			Memo Item															
		eceipt For: Aggregate Year-to-Date ▼ Primary General																	
<u>с.</u>	Full Name of Individual (Last, First, Middle Initi Canard, Robert, S, Mr.,	al) or Full O	organization Name		Dat	e o	of Re	ece	eipt										
	Mailing Address 316 Woodlands Green Pl.				08 24 2018														
	City Brandon											890706 is Peri							
	FEC ID number of contributing federal political committee.	С			Ē			y			5	3	38.4 ⁻	7					
	Name of Employer (for Individual) Select Medical Corporation				N	lemo	o li	tem											
	Receipt For:			-															
			653.99																
s	UBTOTAL of Receipts This Page (optional)		•				-	,			5	11	5.4 ⁻	1					
т	OTAL This Period (last page this line number o	nly)	▶			_		,		-	7		-						

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 40 OF

	EMIZED RECEIPTS			for each category of the Detailed Summary Page		×	11a] 11b		11c		12		_
	y information copied from such Reports and Stat for commercial purposes, other than using the na													ions	7
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC														
Α.	Full Name of Individual (Last, First, Middle Initial Canard, Robert, S, Mr., Mailing Address 316 Woodlands Green PI. City Brandon FEC ID number of contributing	State MS)rga	nization Name Zip Code 39047		[/ acti	ion	07 ID :	A2018-1 Heceipt th	2 974		Y	_
	federal political committee. Name of Employer (for Individual) Select Medical Corporation	Adm	ninis	tion (for Individual) strator ar-to-Date ▼ 692.46			M	emc) Iter	m		-	38.4	7	
В.	Full Name of Individual (Last, First, Middle Initial Canard, Robert, S, Mr., Mailing Address 316 Woodlands Green PI. City Brandon FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State MS C	upa	Zip Code 39047 tion (for Individual) strator ar-to-Date ▼ 730,93		[mount	/ acti : of	ion I	21 I D : h R	/ Y A2018-2 Receipt th	20 2130		Ý 7]
C.	Full Name of Individual (Last, First, Middle Initial Cannon, Matthew, D, , Mailing Address 19073 Twilight Trl City Eden Prairie FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	State MN C Occu Vice	upa e Pre	nization Name Zip Code 55346-4047 tion (for Individual) esident ar-to-Date ▼ 1846.24			mount	act of	ion	10 ID : h R	/ Y A2018-1 eccipt th	20 1 816		_]
s	UBTOTAL of Receipts This Page (optional)			·····					,	_		+	192.3	3]
Т	OTAL This Period (last page this line number on	ly)		••••••		L			7			_	1		

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 41 OF

TTEMIZED RECEIPTS			for each category of the Detailed Summary Page			K 1'	1a		11b	11c	12								
_						1:	-		14	15	16	17							
	y information copied from such Reports and Sta for commercial purposes, other than using the																		
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC																		
<u>к</u>	Full Name of Individual (Last, First, Middle Initia Cannon, Matthew, D, ,	al) or Full (Orgar	nization Name		Date of Receipt													
	Mailing Address 19073 Twilight Trl					08 24 2018													
	City	State		Zip Code 55346-4047		Transaction ID : A2018-1890732 Amount of Each Receipt this Period													
	Eden Prairie	MN	_	Am	ount	t of	Each I	Receipt th	nis Perio	b									
	FEC ID number of contributing federal political committee.	С			115.39														
	Name of Employer (for Individual) Select Medical Corporation		ion (for Individual) esident			M	emo	tem											
	Receipt For:	Aggregate	- Yea	r-to-Date ▼															
	Primary General Other (specify) ▼		-	1961.63															
В.	Full Name of Individual (Last, First, Middle Initia Cannon, Matthew, D, ,	al) or Full (Orgar	ization Name		Dat	te of	f Re	eceipt										
	Mailing Address 19073 Twilight Trl	ght Trl						09 07 2018											
	City	State		Zip Code		Transaction ID : A2018-1974474													
	Eden Prairie	MN		55346-4047		Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.								115.39										
	Name of Employer (for Individual) Select Medical Corporation			ion (for Individual) esident		Memo Item													
	Receipt For:	Aggregate	e Yea	r-to-Date ▼															
	Primary General Other (specify) ▼		,	2077.02															
<u> </u>	Full Name of Individual (Last, First, Middle Initia Cannon, Matthew, D, ,	al) or Full (Orgar	ization Name		Dat	te of	f Re	eceipt										
	Mailing Address 19073 Twilight Trl					09 21 2018													
	City	State		Zip Code		T	rans	act	ion ID	: A2018-2	2130767								
	Eden Prairie	MN		55346-4047	_	Am	ount	t of	Each	Receipt th	nis Perio	b							
	FEC ID number of contributing federal political committee.	С							9	, y	115	.39							
	Name of Employer (for Individual)		•	ion (for Individual) sident			M	emo	b Item										
	Select Medical Corporation Receipt For:				_														
	Primary General	Aggregate	e Yea	r-to-Date V															
	Other (specify)		-	2192.41															
s	UBTOTAL of Receipts This Page (optional)			•••••	<u> </u>				,	. ,	346	.17							
Т	OTAL This Period (last page this line number o	nly)		•	-														

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 42 OF

	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
			erson for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Select Medical Corporation	PAC											
Full Name of Individual (Last, First, Midd A. Carter, Christopher, S, Mr.,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address PO Box 20344			08 10 2018									
City Knoxville	State TN	Zip Code 37940	Transaction ID : A2018-1816577 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		19.24									
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ional Director of Case Manageme	n Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.84										
Full Name of Individual (Last, First, Midd B. Carter, Christopher, S, Mr.,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address PO Box 20344	State	Zip Code	08 24 2018									
Knoxville	TN	37940	Transaction ID : A2018-1890670 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		19.24									
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) jional Director of Case Manageme	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		327.08										
Full Name of Individual (Last, First, Midd C. Carter, Christopher, S, Mr.,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address PO Box 20344			09 / D D / Y Y Y Y 09 / 07 / 2018									
City Knoxville	State TN	Zip Code 37940	Transaction ID : A2018-1974412 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		19.24									
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) Ional Director of Case Manageme	n Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 346.32										
SUBTOTAL of Receipts This Page (optional	l)		57.72									
TOTAL This Period (last page this line nun	nber only)	····· •										

SCHEDULE A	(FEC	Form 3X)
ITEMIZED REC	EIPTS	b

FOR LINE NUMBER:

PAGE 43 OF

243

			Use separate schedule(s)		(check only one)							
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page				11b 14	11c		2 16	17	
	y information copied from such Reports and SI for commercial purposes, other than using the NAME OF COMMITTEE (In Full)							soliciting				
	Select Medical Corporation PAC	>										
Α.	Full Name of Individual (Last, First, Middle Init Carter, Christopher, S, Mr.,	ial) or Full O	Organization Name	Di	ate o	f Re	eceipt					
	Mailing Address PO Box 20344				м м 09	/	D 21) / Y	Y 201	18		
	City Knoxville	State TN	Zip Code 37940					A2018-2 Receipt th				
	FEC ID number of contributing federal political committee.	С								19.24	4	
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Reg	upation (for Individual) gional Director of Case Managem	en	М	emo	o Item					
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.56										
в.	Full Name of Individual (Last, First, Middle Init Castroman, Marinella, , Mrs.,	ial) or Full O	Organization Name	Di	ate o	f Re	eceipt					
	Mailing Address 2971 Stanfield Avenue				08	1	10) / Y	y 201			
	City	State	Zip Code					A2018-1				
	Orlando	FL	32814	Ar	noun	t of	Each F	Receipt th	nis Pe	riod		
	FEC ID number of contributing federal political committee.	С			_		-		1	115.39	9	
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator		М	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1846.24										
с.	Full Name of Individual (Last, First, Middle Init Castroman, Marinella, , Mrs.,	ial) or Full O	Organization Name	Di	ate o	f Re	eceipt					
	Mailing Address 2971 Stanfield Avenue				08		24		201	8	ſ	
	City Orlando	State FL	Zip Code 32814					A2018-1 Receipt th				
	FEC ID number of contributing federal political committee.	С					<u>y</u>	, ,	1	115.39	9	
	Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator					o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1961.63]								
s	UBTOTAL of Receipts This Page (optional)						9	, ,	2	250.02	2	
Т	OTAL This Period (last page this line number of	only)		• L						- 10-		

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 44 OF

				Detailed Summary Page	×	1 1 1	la 3		11 14	- H	11c		12 16	17			
	y information copied from such Reports and State for commercial purposes, other than using the na					for	the		pos	e of :	soliciting		ntribut	ions			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC																
A.	Full Name of Individual (Last, First, Middle Initial) Castroman, Marinella, , Mrs., Mailing Address 2971 Stanfield Avenue) or Full C	Drga	nization Name			e of	Re /		pt	/ Y	Y	Y	Y			
	City	State		Zip Code			09 ans	act	ion	07 ID:/	A2018-1	1	018 529				
	Orlando FEC ID number of contributing federal political committee.	FL C	-	32814		Am	ount	of	Ead	ch Re	eceipt th	nis F	eriod 115.3	9			
	Name of Employer (for Individual) Select Medical Corporation	Adn	nini	tion (for Individual) strator			Me	emo	o Ite	em			4				
	Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2077.02]												
B.	Full Name of Individual (Last, First, Middle Initial) Castroman, Marinella, , Mrs.,) or Full C	Drga	nization Name			e of	Re									
	Mailing Address 2971 Stanfield Avenue	State		Zip Code			09			21	2018-2		18 222	Ŷ			
	Orlando	FL 32814							Transaction ID : A2018-2130822 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.						Ē	_		-		-		115.3	9			
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) strator		L	Me	emo	o Ite	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2192.41]												
C.	Full Name of Individual (Last, First, Middle Initial) Chambers, Jason, S, Mr.,) or Full C	Drga	nization Name		Dat	e of	Re	eceip	pt							
	Mailing Address 1415 Aaron Creek Drive	1				L	08	/	L	10	/ Y	20)18)18	Y			
	City Fisherville	State KY		Zip Code 40023							A2018-1 eceipt th						
	FEC ID number of contributing federal political committee.	С	l			Ē	_		y		- <u>-</u>		76.9	03			
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) esident			Me	emo	o Ite	em							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 1230.88	1												
s	UBTOTAL of Receipts This Page (optional)				•								307.7	1			
т	OTAL This Period (last page this line number onl	y)		······)	•				-								

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

FOR LINE NUMBER:

(check only one)

PAGE 45 OF

243

TTEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	C									
Α.	Full Name of Individual (Last, First, Middle Ini Chambers, Jason, S, Mr., Mailing Address 1415 Aaron Creek Drive	tial) or Full O	rganization Name	Date of Receipt							
	City	State	Zip Code	Transaction ID : A2018-1890638							
	Fisherville	KY	40023	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		76.93							
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item							
	Select Medical Corporation	Vice	e President								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1307.81]							
в.	Full Name of Individual (Last, First, Middle Ini Chambers, Jason, S, Mr.,	tial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 1415 Aaron Creek Drive			09 07 2018							
	City	State	Zip Code	Transaction ID : A2018-1974380							
	Fisherville	KY	40023	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		76.93							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1384.74]							
с.	Full Name of Individual (Last, First, Middle Ini Chambers, Jason, S, Mr.,	tial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 1415 Aaron Creek Drive			09 / D D / Y Y Y Y 21 2018							
	City	State	Zip Code	Transaction ID : A2018-2130839							
	Fisherville	KY	40023	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		76.93							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1461.67]							
s	UBTOTAL of Receipts This Page (optional)			230.79							

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

-

L

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

PAGE 46 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)									
			for each category of the Detailed Summary Page	X 1	1a [111	5	1	11c		12		
					3	14			15		16	17	
	ny information copied from such Reports and Sta for commercial purposes, other than using the n												
\backslash	NAME OF COMMITTEE (In Full)												
	Select Medical Corporation PAC												
Α.	Full Name of Individual (Last, First, Middle Initia Changet, Patricia, , ,	l) or Full O	rganization Name	Da	te of	Receij	ot						
	Mailing Address 6196 Grovedell St			N		/			Y		Y	Y	
	City	State	Zip Code	╡┕	08 ransa	ction	10 • חו)18-1)18 5 25		
	Magnolia	ОН	44643-9702			of Ead							
	FEC ID number of contributing federal political committee.	С			_	-9-			- J		19.2	4	
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ef Nursing Officer		Me	mo Ite	m						
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Primary General Other (specify) ▼	· · · ·	307.84										
			Aga Aga Aga										
B.	Full Name of Individual (Last, First, Middle Initia Changet, Patricia, , ,	l) or Full O	rganization Name	Da	te of	Receij	ot						
	Mailing Address 6196 Grovedell St			M	08	/	24		Y	ү 20	18	Y	
	City	State	Zip Code	Т	ransa	ction	ID :	A20	18-1	8907	'17		
	Magnolia	OH	44643-9702	An	ount	of Ead	ch F	Rece	ipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С			_	-1			-		19.2	4	
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ef Nursing Officer		Me	mo Ite	m						
	Receipt For:	Aggregate	Aggregate Year-to-Date ▼										
	Primary General Other (specify) ▼		, 327.08										
<u> </u>	Full Name of Individual (Last, First, Middle Initia Changet, Patricia, , ,	l) or Full O	rganization Name	Da	te of	Receij	ot						
	Mailing Address 6196 Grovedell St			N	о9 09	/ [07		Y	20	ү 18	Y	
	City	State	Zip Code		ransa	ction	ID :	: A20)18-1	9744	459		
	Magnolia	ОН	44643-9702	An	ount	of Ead	ch F	Rece	ipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С			_	9			9		19.2	4	
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Chief Nursing Officer				mo Ite	em						
	Receipt For:	Aggregate	Year-to-Date V										
	Other (specify)		346.32										
	UBTOTAL of Receipts This Page (optional)				-	5			, ,		57.7	2	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 OF 243 (check only one) ************************************							
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC										
Α.	Full Name of Individual (Last, First, Middle Initia Changet, Patricia, , ,	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 6196 Grovedell St	04-4-4	Zie Oste	09 / 21 / 2018							
	City Magnolia	State OH	Zip Code 44643-9702	Transaction ID : A2018-2130918 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		19.24							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ef Nursing Officer	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.56]							
В.	Full Name of Individual (Last, First, Middle Initia Chernow, David, S, Mr.,	al) or Full C	Organization Name	Date of Receipt							
5.	Mailing Address 700 Gladstone Court			08 10 2018							
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2018-1816616 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		192.31							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) esident	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.65]							
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Chernow, David, S, Mr.,	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 700 Gladstone Court			08 24 2018							
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2018-1890708 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.				192.31							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) sident	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3076.96]							
s	UBTOTAL of Receipts This Page (optional)			403.86							

. . . .

Image# 201810119124462781			
SCHEDULE A (FEC Form 3)	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 OF (check only one) X 11a 11b 11c 12 13 14 15 16 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Select Medical Corporation F	the name and ad	not be sold or used by any dress of any political committee	person for the purpose of soliciting contributions be to solicit contributions from such committee.
Full Name of Individual (Last, First, Middle A. Chernow, David, S, Mr., Mailing Address 700 Gladstone Court	e Initial) or Full Org	ganization Name	Date of Receipt
City Mechanicsburg	State PA	Zip Code 17055	09 07 2018 Transaction ID : A2018-1974450 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.31
Name of Employer (for Individual) Select Medical Corporation	Occu Presi	pation (for Individual) dent	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 3269.27]
Full Name of Individual (Last, First, Middle Chernow, David, S, Mr. ,	e Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 700 Gladstone Court			09 21 2018
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2018-2130909 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		192.31
Name of Employer (for Individual) Select Medical Corporation	Occu Presi	pation (for Individual) ident	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Y	⁄ear-to-Date ▼ 3461.58	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Choinski, Stacey, , Ms.,

Mailing Address 8861 Morgan Landing Way	08 10 2018		
City	State	Zip Code	Transaction ID : A2018-1816593
Boynton Beach	FL	33473	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		19.24
Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
Select Medical Corporation	Directo	r	
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 307.84	
SUBTOTAL of Receipts This Page (optional)		►	403.86
TOTAL This Period (last page this line numbe	er only)	•	

243

17

Date of Receipt

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 OF 243 (check only one) I1a 11b 11c 12 I3 14 15 16 17
	y information copied from such Reports and Si for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
Α.	Full Name of Individual (Last, First, Middle Init Choinski, Stacey, , Ms.,	ial) or Full C	organization Name	Date of Receipt
	Mailing Address 8861 Morgan Landing Way			08 24 2018
	City	State	Zip Code	Transaction ID : A2018-1890686
	Boynton Beach	FL	33473	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ector	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	-
	Primary General Other (specify) ▼		327.08]
В.	Full Name of Individual (Last, First, Middle Init Choinski, Stacey, , Ms.,	ial) or Full C	Prganization Name	Date of Receipt
	Mailing Address 8861 Morgan Landing Way			09 07 2018
	City Boynton Beach	State FL	Zip Code 33473	Transaction ID : A2018-1974428 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ector	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.32]
<u> </u>	Full Name of Individual (Last, First, Middle Init Choinski, Stacey, , Ms.,	ial) or Full C	organization Name	Date of Receipt
	Mailing Address 8861 Morgan Landing Way			09 / D D / Y Y Y Y 2018
	City Boynton Beach	State FL	Zip Code 33473	Transaction ID : A2018-2130887 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			19.24	
	Name of Employer (for Individual) Select Medical Corporation	Occ Dire	upation (for Individual) ctor	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		365.56]
s	UBTOTAL of Receipts This Page (optional)			57.72

SCHEDULE A (FEC Form 3X)	_
ITEMIZED RECEIPTS	

FOR LINE NUMBER:

(check only one)

PAGE 50 OF

243

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page					-	1b		11c		12				
Δr	y information copied from such Reports and Si	tatements ma	av not be sold or used by any no	erson		3 the			4 ise o	of se	15 olicitine		16 Intribut	17 ions			
	for commercial purposes, other than using the																
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC)															
Z	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name														
Α.	Comer, Melinda, D, Mrs.,				Da	te c	of Re	ece	eipt								
	Mailing Address 503 Peach Spring					08	/	′	D 10		/ Y		018	Y			
	City	Zip Code		Т	ran	sact	tio	n ID	: A	2018-1	816	691					
	Houston	ТХ	77037	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	C		19.24													
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item													
	Receipt For:		Year-to-Date V	_													
	Primary General																
	Other (specify) v		307.84														
В.	Full Name of Individual (Last, First, Middle Init Comer, Melinda, D, Mrs.,	ial) or Full O	rganization Name		Da	te c	of Re	ece	eipt								
	Mailing Address 503 Peach Spring		08 24 2018														
	City	State	Transaction ID : A2018-1890783														
	Houston	ТХ	77037	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С		19.24													
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President		Memo Item												
	Receipt For:	Aggregate	Year-to-Date ▼														
	Other (specify) ▼		327.08														
<u>с</u>	Full Name of Individual (Last, First, Middle Init Comer, Melinda, D, Mrs.,	ial) or Full O	rganization Name		Da	te r	of Re	ece	taie								
	Mailing Address 503 Peach Spring			Date of Receipt													
	City	State	Zip Code		Т	ran	sact	tio	n ID	: A	2018-1	1974	525				
	Houston	ТХ	77037		Am	our	nt of	E	ach I	Rec	ceipt th	nis F	Period				
	FEC ID number of contributing federal political committee.	С						,			y		19.2	24			
	Name of Employer (for Individual)	Осси	upation (for Individual)			N	/lem	οI	tem								
	Select Medical Corporation		President														
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻														
	Other (specify)		346.32														
s	UBTOTAL of Receipts This Page (optional)			<u> </u>	Γ							_	57.7	2			
⊢	OTAL This Period (last page this line number of			-				,			7	-					

SCHEDULE A (FEC Form 3X)	ſ
ITEMIZED RECEIPTS	

FOR LINE NUMBER:

(check only one)

PAGE 51 OF

243

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	× 11a 11b 11c 12													
	I rts and Statements may not be sold or used by any using the name and address of any political committe														
NAME OF COMMITTEE (In Full) Select Medical Corporation															
Full Name of Individual (Last, First, M A. Comer, Melinda, D, Mrs., Mailing Address 503 Peach Spring	Viddle Initial) or Full Organization Name	Date of Receipt													
City	State Zip Code	Transaction ID : A2018-2130818													
Houston	TX 77037	Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.	C	19.24													
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item													
Select Medical Corporation	Vice President														
Receipt For:	Aggregate Year-to-Date ▼	-													
Other (specify) ▼	365.56														
Full Name of Individual (Last, First, M B. Costello, Jodi, L, ,	Middle Initial) or Full Organization Name	Date of Receipt													
Mailing Address 4649 Montrose Aven Suite 1050		08 / D D / Y Y Y Y 08 10 2018													
City	State Zip Code	Transaction ID : A2018-1816688													
Boardman	OH 44512	Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.	C	19.24													
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator	Memo Item													
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 307.84]													
Full Name of Individual (Last, First, M C. Costello, Jodi, L, ,	Middle Initial) or Full Organization Name	Date of Receipt													
Mailing Address 4649 Montrose Aver Suite 1050	lue	08 24 2018													
City Boardman	StateZip CodeOH44512	Transaction ID : A2018-1890780 Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.	C	19.24													
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator	Memo Item													
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 327.08														
		► 57.72													

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

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

- 10

-

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 52 OF

IТ	EMIZED RECEIPTS		Use se	(cl	heck on	-											
				h category of the d Summary Page		¥ 11a 13		11b 14	11c 15		2	17					
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements mana and a	ay not be s ddress of	sold or used by any p any political committee	erson e to s	for the	pui ntril	rpose of	soliciting	g conti	ributic	ons					
	NAME OF COMMITTEE (In Full)	_															
	Select Medical Corporation PAC	2															
Α.	Full Name of Individual (Last, First, Middle Init Costello, Jodi, L, ,	tial) or Full O	rganizatior	n Name		Date o	of Re	eceipt									
	Mailing Address 4649 Montrose Avenue Suite 1050				09 / 07 / 2018 Transaction ID : A2018-1974522												
	City Boardman	State OH	Zip C 445						A2018-1 eceipt th								
	FEC ID number of contributing federal political committee.	С				Ē		-gr. 1		_	19.24	4					
	Name of Employer (for Individual) Select Medical Corporation		upation (fo ninistrator	r Individual)		M	lem	o Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Da	ate ▼ 346.32	1												
_	Full Name of Individual (Last, First, Middle Init	tial) or Full O	rganizatior	n Name		Data	(D										
в.	Costello, Jodi, L, , Mailing Address 4649 Montrose Avenue Suite 1050					Date o		eceipt 21	/ Y	2018							
	City Boardman	State OH	Zip C 4451		Transaction ID : A2018-2130815												
	FEC ID number of contributing federal political committee.	С	445			Amount of Each Receipt this Period											
	Name of Employer (for Individual) Select Medical Corporation	Occ Adr		Memo Item													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Da	ate ▼ 365.56													
— C.	Full Name of Individual (Last, First, Middle Ini Curnane, Carolyn, N, Mrs.,	tial) or Full O	rganizatior	n Name		Date o	of Re	eceipt									
	Mailing Address 1615 Linda Drive					08	/	D D D 10	/ Y	2018							
	City West Chester	State PA	Zip C 1938						A2018-1 eceipt th								
	FEC ID number of contributing federal political committee.	С						y			19.24	4					
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Vice	President	r Individual)		N	lem	o Item									
	Primary General Other (specify)	Aggregate	Year-to-Da	ate ▼ 307.84]												
⊢	UBTOTAL of Receipts This Page (optional)				▶ _	Ľ.	-	y .		+	57.72	2					
1'	OTAL This Period (last page this line number	oniny)		••••••		land a	1.	-		dia		1					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 OF 243 (check only one) 11a 11a 11b 13 14 15 16 17								
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC											
Α.	Full Name of Individual (Last, First, Middle Initia Curnane, Carolyn, N, Mrs.,	al) or Full C	Organization Name	Date of Receipt								
	Mailing Address 1615 Linda Drive			08 / D D / Y Y Y Y 08 24 2018								
	City	State	Zip Code	Transaction ID : A2018-1890791								
	West Chester	PA	19380	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		19.24								
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item								
	Receipt For:	Aggregate	Year-to-Date V	_								
	Primary General Other (specify) ▼		327.08]								
В.	Full Name of Individual (Last, First, Middle Initia Curnane, Carolyn, N, Mrs.,	al) or Full C	Organization Name	Date of Receipt								
	Mailing Address 1615 Linda Drive			09 07 2018								
	City West Chester	State PA	Zip Code 19380	Transaction ID : A2018-1974367 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		19.24								
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.32]								
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Curnane, Carolyn, N, Mrs.,	al) or Full C	Organization Name	Date of Receipt								
	Mailing Address 1615 Linda Drive			M M / D D / Y Y Y Y 09 21 2018								
	City West Chester	State PA	Zip Code 19380	Transaction ID : A2018-2130826 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		19.24								
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item								
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify)		365.56]								
s	UBTOTAL of Receipts This Page (optional)			57.72								

City State Zip Code Transaction ID : A2018-1816561 Mechanicsburg PA 17050 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 192.31 Name of Employer (for Individual) Occupation (for Individual) President Select Medical Corporation President Memo Item Primary General Other (specify) ▼ 3076.96 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Davis, Brian, E, Mr., Mailing Address 1211 High Hollow 08 24 2018	111age# 201010113124402707			
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Select Medical Corporation PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Davis, Brian, E, Mr., Mailing Address 1211 High Hollow City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation PEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation President Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ B. Davis, Brian, E, Mr., Aggregate Year-to-Date ▼ B. Davis, Brian, E, Mr., Date of Receipt Mailing Address 1211 High Hollow Organization Name			for each category of the	(check only one)
NAME OF COMMITTEE (In Full) Select Medical Corporation PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Davis, Brian, E, Mr., Mailing Address 1211 High Hollow Date of Receipt City State Zip Code Mechanicsburg PA 17050 FEC ID number of contributing federal political committee. C 192.31 Name of Employer (for Individual) Occupation (for Individual) 192.31 Select Medical Corporation President Aggregate Year-to-Date ▼ Primary General 3076.96 Other (specify) ▼ Sull Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Davis, Brian, E, Mr., Mailing Address 1211 High Hollow Date of Receipt			y not be sold or used by any	person for the purpose of soliciting contribution
A. Davis, Brian, E, Mr., Date of Receipt Mailing Address 1211 High Hollow 08 / 10 / 2018 City State Zip Code Mechanicsburg PA 17050 FEC ID number of contributing federal political committee. C 192.31 Name of Employer (for Individual) Occupation (for Individual) 192.31 Select Medical Corporation President Memo Item Receipt For: Primary General 3076.96 Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt B. Davis, Brian, E, Mr., Date of Receipt Date of Receipt Mailing Address 1211 High Hollow 08 / 24 / 2018 24 / 2018	NAME OF COMMITTEE (In Full)	-		
Mechanicsburg PA 17050 Mechanicsburg PA 17050 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer (for Individual) Occupation (for Individual) Memo Item Select Medical Corporation President Memo Item Receipt For: Aggregate Year-to-Date ▼ 3076.96 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Davis, Brian, E, Mr., Date of Receipt Mailing Address 1211 High Hollow U 24 2018	A. Davis, Brian, E, Mr.,	le Initial) or Full Or	ganization Name	M M / D D / Y Y Y Y Y
FEC ID number of contributing federal political committee. C 192.31 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President Memo Item Receipt For: Aggregate Year-to-Date ▼ 3076.96 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Davis, Brian, E, Mr., Mailing Address 1211 High Hollow 0				Transaction ID : A2018-1816561
Select Medical Corporation President Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 3076.96 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Davis, Brian, E, Mr., 08 Mailing Address 1211 High Hollow 08	FEC ID number of contributing		17050	Amount of Each Receipt this Period
Primary General Other (specify) ▼ 3076.96 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Davis, Brian, E, Mr., Davis, Brian, E, Mr., Date of Receipt Mailing Address 1211 High Hollow 08	1, 3, ()		,	Memo Item
Barrier Date of Receipt Mailing Address 1211 High Hollow 08 24 2018	Primary General	Aggregate	3076.96	
08 24 2018		le Initial) or Full Or	ganization Name	Date of Receipt
	Mailing Address 1211 High Hollow	State	Zin Code	

ling Address 1211 High Hollow chanicsburg C ID number of contributing eral political committee. me of Employer (for Individual)	State PA	Zip Code 17050	M M M / D D / Y Y Y Y Y 08 24 2018 Transaction ID : A2018-1890654 Amount of Each Receipt this Period
chanicsburg C ID number of contributing eral political committee. me of Employer (for Individual)	PA		
C ID number of contributing eral political committee. me of Employer (for Individual)	1	17050	
eral political committee.	С		
			192.31
ect Medical Corporation	Occupat Preside	tion (for Individual) ent	Memo Item
ceipt For: Primary General Other (specify) ▼			
avis, Brian, E, Mr.,	I) or Full Orgar	nization Name	Date of Receipt
	State	Zip Code	09 07 2018 Transaction ID : A2018-1974396
	PA	17050	Amount of Each Receipt this Period
-	С		192.31
		,	Memo Item
ceipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 3461.58	
	Other (specify) ▼ I Name of Individual (Last, First, Middle Initia avis, Brian, E, Mr., Iling Address 1211 High Hollow C bechanicsburg C ID number of contributing eral political committee. The of Employer (for Individual) ect Medical Corporation ceipt For: Primary General	Other (specify) ▼ I Name of Individual (Last, First, Middle Initial) or Full Organization avis, Brian, E, Mr., Iling Address 1211 High Hollow // echanicsburg State PA C C ID number of contributing eral political committee. C me of Employer (for Individual) Occupation ect Medical Corporation Presiden Primary General Other (specify) Aggregate Yea	Other (specify) ▼ 3269.27 I Name of Individual (Last, First, Middle Initial) or Full Organization Name avis, Brian, E, Mr., 3269.27 Iling Address 1211 High Hollow Iling Address 1211 High Hollow // echanicsburg State Zip Code PA 17050 17050 C ID number of contributing eral political committee. C Image: Contributing eral political committee. me of Employer (for Individual) Occupation (for Individual) President ect Medical Corporation President 3461.58 Primary General 3461.58

243

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 OF 243 (check only one)
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Davis, Brian, E, Mr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 1211 High Hollow			09 / D D / Y Y Y Y 21 2018
	City	State PA	Zip Code 17050	Transaction ID : A2018-2130855
	Mechanicsburg		17050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) esident	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3653.89	
В.	Full Name of Individual (Last, First, Middle Initia Dawson, Zackary, L, Dr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 4109 Cherokee Cir			M M / D D / Y
	City Fort Smith	State AR	Zip Code 72903-5403	Transaction ID : A2018-1816661 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 615.52	
<u> </u>	Full Name of Individual (Last, First, Middle Initia Dawson, Zackary, L, Dr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 4109 Cherokee Cir			08 24 2018
	City Fort Smith	State AR	Zip Code 72903-5403	Transaction ID : A2018-1890753 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ninistrator	Memo Item
	Receipt For:		e Year-to-Date ▼	-
	Primary General Other (specify)		653.99	
s	UBTOTAL of Receipts This Page (optional)		•	269.25

L

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 OF 243 (check only one) Image: Check
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С		
Full Name of Individual (Last, First, Middle In Dawson, Zackary, L, Dr.,	iitial) or Full C	organization Name	Date of Receipt
Mailing Address 4109 Cherokee Cir			09 / 07 / Y Y Y Y 2018
City Fort Smith	State AR	Zip Code 72903-5403	Transaction ID : A2018-1974495 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.47
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.46]
Full Name of Individual (Last, First, Middle In B. Dawson, Zackary, L, Dr.,	iitial) or Full C	Organization Name	Date of Receipt
Mailing Address 4109 Cherokee Cir			09 21 2018
City Fort Smith	State AR	Zip Code 72903-5403	Transaction ID : A2018-2130788 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.47
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 730.93]
Full Name of Individual (Last, First, Middle In C. Dean, Stefanie, A, Mrs.,	iitial) or Full C	organization Name	Date of Receipt
Mailing Address 1019 Peggy Dr			08 / D D / Y Y Y Y 2018
City Hummelstown	State PA	Zip Code 17036-9030	Transaction ID : A2018-1816540 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1846.24]
SUBTOTAL of Receipts This Page (optional)			192.33

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		fo C	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 OF 243 (check only one) Image: Check only only one) Image: Check only only only one) Image: Check only only only one) Image: Check only only only only only only only only
	y information copied from such Reports and Sta for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
A.	Full Name of Individual (Last, First, Middle Initia Dean, Stefanie, A, Mrs.,	al) or Full C	Drgar	ization Name	Date of Receipt
	Mailing Address 1019 Peggy Dr			7. 0. 1	08 / D D / Y Y Y Y 2018
	City Hummelstown	State PA		Zip Code 17036-9030	Transaction ID : A2018-1890633 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			
	Name of Employer (for Individual) Select Medical Corporation			ion (for Individual) esident	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1961.63	
в.	Full Name of Individual (Last, First, Middle Initia Dean, Stefanie, A, Mrs.,	al) or Full C	Drgar	nization Name	Date of Receipt
	Mailing Address 1019 Peggy Dr				09 / D D / Y Y Y Y 2018
	City Hummelstown	State PA		Zip Code 17036-9030	Transaction ID : A2018-1974375 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation			ion (for Individual) esident	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2077.02	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Dean, Stefanie, A, Mrs.,	al) or Full C	Drgar	ization Name	Date of Receipt
	Mailing Address 1019 Peggy Dr				09 / D / Y Y Y Y 2018
	City Hummelstown	State PA		Zip Code 17036-9030	Transaction ID : A2018-2130834 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) sident	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 2192.41	
s	UBTOTAL of Receipts This Page (optional)				. 346.17

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 58 OF

			Detailed Summary Page	×	11a 13		11b	\vdash	11c		12 16	17
	y information copied from such Reports and State for commercial purposes, other than using the na				or the		pose		soliciting	g con	ntributi	ons
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	ine and ad	acress of any pointcal committee	- 10 SO	noit co		JULION	5 11				
 A.	Full Name of Individual (Last, First, Middle Initial) DeBlouw, Christina, , ,	or Full Or	ganization Name	1	Date o	f Re	eceipt					
	Mailing Address 27539 Irwin Rd Suite 1050				м м 08	/		D 10	/ Y	y 20)18	Y
	City Richmond	State MI	Zip Code 48062-2636						A2018-1			
	EEC ID number of contributing	С			Amoun		Each	Re	eceipt th		38.4	7
	Name of Employer (for Individual) Select Medical Corporation	'	pation (for Individual) inistrator		M	emo	o Item	1				
	Receipt For: A Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 615.52]								
в.	Full Name of Individual (Last, First, Middle Initial) DeBlouw, Christina, , ,	or Full Or	ganization Name		Date o	f Re	eceipt					
	Mailing Address 27539 Irwin Rd Suite 1050	1			м м 08	1		D 24	/ Y	201	18 18	Y
	City Richmond	State MI	Zip Code 48062-2636						2018-1 eceipt th			
	FEC ID number of contributing federal political committee.	С					-y			_	38.4	7
	Name of Employer (for Individual) Select Medical Corporation		pation (for Individual) inistrator		M	emo	o Item	۱				
	Receipt For: A Primary General Other (specify) ▼	Aggregate N	Year-to-Date ▼ , 653.99]								
c.	Full Name of Individual (Last, First, Middle Initial) DeBlouw, Christina, , ,	or Full Or	ganization Name		Date o	f Re	eceipt					
	Mailing Address 27539 Irwin Rd Suite 1050				^M 09	/		07	/ Y	201	18 [°]	Y
	City Richmond	State MI	Zip Code 48062-2636						A2018-1 eceipt th			
	FEC ID number of contributing federal political committee.	С					,		,		38.4	7
	Name of Employer (for Individual) Select Medical Corporation		pation (for Individual) nistrator		N	lemo	o Item	ı				
	Receipt For: A Primary General Other (specify)	Aggregate N	Year-to-Date ▼ 692.46]								
s	UBTOTAL of Receipts This Page (optional)						,				115.4	1
т	OTAL This Period (last page this line number only	/)		•			-					

L

	-												
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 OF 243 (check only one) Image: state stat									
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC)											
Α.	Full Name of Individual (Last, First, Middle Init DeBlouw, Christina, , ,	tial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 27539 Irwin Rd Suite 1050			09 / Y Y Y Y Y 21 2018									
	City Richmond	State MI	Zip Code 48062-2636	Transaction ID : A2018-2130789 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		38.47									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 730.93]									
в.	Full Name of Individual (Last, First, Middle Init Deemer, Miriam, R, Mrs.,	tial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 285 Merriweather Rd			08 / D D / Y Y Y Y 2018									
	City Grosse Pointe Farms	State MI	Zip Code 48236-3428	Transaction ID : A2018-1816621									
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item									
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General Other (specify) ▼		1846.24										
c.	Full Name of Individual (Last, First, Middle Init Deemer, Miriam, R, Mrs.,	tial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 285 Merriweather Rd	04-14-		08 / D D / Y Y Y Y 2018									
	City Grosse Pointe Farms	State MI	Zip Code 48236-3428	Transaction ID : A2018-1890713 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		, 115.39									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item									
_	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1961.63										

SUBTOTAL of Receipts This Page (optional)								9.25	
SOBIOTAL OF HECEIPIS THIS I age (optional)			7	1	7	1	- Arr		
	_			 					
TOTAL This Period (last page this line number only)	•	 	-	 	-			-	

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 OF (check only one) I1a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using			person for the purpose of soliciting contributions te to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation P	AC		
Full Name of Individual (Last, First, Middle Deemer, Miriam, R, Mrs.,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 285 Merriweather Rd			09 07 2018
City	State	Zip Code	Transaction ID : A2018-1974455
Grosse Pointe Farms	MI	48236-3428	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Select Medical Corporation	Vice	e President	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2077.02]
Full Name of Individual (Last, First, Middle Deemer, Miriam, R, Mrs., Mailing Address 285 Merriweather Rd	Initial) or Full C	organization Name	Date of Receipt
City	State	Zip Code	Transaction ID : A2018-2130914
Grosse Pointe Farms	МІ	48236-3428	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		115.39
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2192.41]
Full Name of Individual (Last, First, Middle . DeGumbia, David, J, Mr.,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 383 Pattonwood Dr			08 / D D / Y Y Y Y 08 10 2018
City Southington	State CT	Zip Code 06489	Transaction ID : A2018-1816588 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39

Occupation (for Individual)

Senior Vice President

Name of Employer (for Individual)

Select Medical Corporation

Memo Item

243

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 OF 243 (check only one)											
	y information copied from such Reports and Sta for commercial purposes, other than using the r														
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC														
Α.	Full Name of Individual (Last, First, Middle Initia DeGumbia, David, J, Mr.,	l) or Full (Organization Name	Date of Receipt											
	Mailing Address 383 Pattonwood Dr			08 24 YYYY 08 24											
	City	State	Zip Code	Transaction ID : A2018-1890681											
	Southington	СТ	06489	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		115.39											
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) mior Vice President	Memo Item											
	Receipt For:	Angregate	e Year-to-Date ▼	—											
	Primary General Other (specify) ▼		1961.63	1											
В.	Full Name of Individual (Last, First, Middle Initia DeGumbia, David, J, Mr.,	l) or Full (Organization Name	Date of Receipt											
	Mailing Address 383 Pattonwood Dr			09 07 2018											
	City Southington	State CT	Zip Code 06489	Transaction ID : A2018-1974423 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		115.39											
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) enior Vice President	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2077.02]											
<u> </u>	Full Name of Individual (Last, First, Middle Initia DeGumbia, David, J, Mr.,	l) or Full (Organization Name	Date of Receipt											
	Mailing Address 383 Pattonwood Dr			M M / D D / Y Y Y Y 09 21 2018											
	City Southington	State CT	Zip Code 06489	Transaction ID : A2018-2130882 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		115.39											
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President	Memo Item											
	Receipt For:			-											
	Primary General Other (specify)		e Year-to-Date ▼ 2192.41]											
s	UBTOTAL of Receipts This Page (optional)			346.17											

1.1.1

	0														
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		l f	Use separate schedule(s) for each category of the Detailed Summary Page		NE NUME only one) a 11 14	b	PAGE 11c 15	62 OF	243					
	y information copied from such Reports and Sta for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)														
	Select Medical Corporation PAC														
Α.	Full Name of Individual (Last, First, Middle Initia Dehoff, James, L, Jr., Jr.	l) or Full O)rgai	nization Name	Date of Receipt										
	Mailing Address 1317 Abington Way														
	City Mechanicsburg	State PA		Zip Code 17050		insaction unt of Ea									
	FEC ID number of contributing federal political committee.	С							5000.00	0					
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) Vice President		Memo Ite	em								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 5000.00											
в.	Full Name of Individual (Last, First, Middle Initia Dishner, Kerry, R, ,	l) or Full O)rgai	nization Name	Date	of Recei	pt								
	Mailing Address 202 Downing Pl Suite 1050				М 0		10		2018	ŕ					
	City Mechanicsburg	State PA		Zip Code 17050-6881		nsaction unt of Ea									
	FEC ID number of contributing federal political committee.	С			Ē			4	115.39	9					
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) esident		Memo Ite	em								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1846.24											
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Dishner, Kerry, R, ,	l) or Full O	rga	nization Name	Date	of Recei	pt								
	Mailing Address 202 Downing Pl Suite 1050				M 0	8	24		y y 2018	Ý					
	City Mechanicsburg	State PA		Zip Code 17050-6881		unsaction									
	FEC ID number of contributing federal political committee.	С				. ,		y .	115.39	Э					
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) esident	7 Ц	Memo Ite	əm								
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 1961.63											

SUBTOTAL of Receipts This Page (optional)									523	0.78	
	-	-		y			9				
	_	1	1		1	1		1			-
TOTAL This Period (last page this line number only)		_		-			-		_	-	

	J														
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 OF 243 (check only one) Image: Comparison of the second secon										
	y information copied from such Reports and Sta for commercial purposes, other than using the NAME OF COMMITTEE (In Full)														
	Select Medical Corporation PAC														
Α.	Full Name of Individual (Last, First, Middle Initi Dishner, Kerry, R, ,	al) or Full C	Orgai	nization Name	Date of Receipt										
	Mailing Address 202 Downing Pl Suite 1050				M M / D D / Y Y Y Y Y 09 07 2018										
	City Mechanicsburg	State PA		Zip Code 17050-6881	Transaction ID : A2018-1974452 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			115.39										
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) esident	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2077.02											
в.	Full Name of Individual (Last, First, Middle Initi Dishner, Kerry, R, ,	al) or Full C	Drgar	nization Name	Date of Receipt										
	Mailing Address 202 Downing PI Suite 1050				09 / D D / Y Y Y Y Y 21 2018										
	City Mechanicsburg	State PA		Zip Code 17050-6881	Transaction ID : A2018-2130911 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			115.39										
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) esident	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2192,41											
с.	Full Name of Individual (Last, First, Middle Initi Donahoe, Lauren, M, ,	al) or Full C	Orgai	nization Name	Date of Receipt										
	Mailing Address 2385 Mount Vernon Ave			1	08 / D D / Y Y Y Y 08 10 2018										
	City Export	State PA		Zip Code 15632-9026	Transaction ID : A2018-1816628 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С													
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) trator	Memo Item										
_	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 307.84											

SUBTOTAL of Receipts This Page (optional)								250	0.02	
		7	-	-	1	y	1		×	
					1			1.1	1.1	1.1
TOTAL This Period (last page this line number only)									-	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 OF 243 (check only one) Image: Check										
	y information copied from such Reports and Sta for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC														
Α.	Full Name of Individual (Last, First, Middle Initia Donahoe, Lauren, M, ,	al) or Full	Orgar	nization Name	Date of Receipt										
	Mailing Address 2385 Mount Vernon Ave				08 24 2018										
	City Export	State PA		Zip Code 15632-9026	Transaction ID : A2018-1890720 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			19.24										
	Name of Employer (for Individual) Select Medical Corporation		ccupat dminis	tion (for Individual) strator	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregat	te Yea	ar-to-Date ▼ 327.08											
В.	Full Name of Individual (Last, First, Middle Initia Donahoe, Lauren, M, , Mailing Address 2385 Mount Vernon Ave	al) or Full	Orgar	nization Name	Date of Receipt										
	City	State		Zip Code											
	Export	PA		15632-9026	Transaction ID : A2018-1974462 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			19.24										
	Name of Employer (for Individual) Select Medical Corporation		ccupat dminis	tion (for Individual) strator	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregat	te Yea	ar-to-Date ▼ , 346.32											
C.	Full Name of Individual (Last, First, Middle Initia Donahoe, Lauren, M, ,	al) or Full	Orgar	nization Name	Date of Receipt										
•••	Mailing Address 2385 Mount Vernon Ave				09 21 2018										
	City Export	State PA		Zip Code 15632-9026	Transaction ID : A2018-2130755 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			19.24										
	Name of Employer (for Individual) Select Medical Corporation		ccupat dminis	tion (for Individual) trator	Memo Item										
_	Receipt For: Primary General Other (specify)	Aggregat	te Yea	ar-to-Date ▼ 365.56											

SUBTOTAL of Receipts This Page (optional)			y	_	9		57.7	72	
TOTAL This Period (last page this line number only)	Γ	Ţ		1					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 OF 243 (check only one) I1a 11b 11c 12 X 11a 14 15 16 17			
	y information copied from such Reports and Sta for commercial purposes, other than using the r						
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC						
Α.	Full Name of Individual (Last, First, Middle Initia Driscoll, Philip, J, Mr.,	ll) or Full C	Organization Name	Date of Receipt			
	Mailing Address 38 Van Doren Way	State	Zin Codo	08 / 10 / Y Y Y Y 08 / 10 2018			
	City Belle Mead	State NJ	Zip Code 08502	Transaction ID : A2018-1816566 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		19.24			
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.84]			
В.	Full Name of Individual (Last, First, Middle Initia Driscoll, Philip, J, Mr.,	ll) or Full C	Organization Name	Date of Receipt			
	Mailing Address 38 Van Doren Way	M M / D / Y					
	City Belle Mead	State NJ	Zip Code 08502	Transaction ID : A2018-1890659 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		19.24			
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 327.08]			
<u> </u>	Full Name of Individual (Last, First, Middle Initia Driscoll, Philip, J, Mr.,	ll) or Full C	Organization Name	Date of Receipt			
	Mailing Address 38 Van Doren Way	1		09 / 07 / Y Y Y Y 2018			
	City Belle Mead	State NJ	Zip Code 08502	Transaction ID : A2018-1974401 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		19.24			
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) hinistrator	Memo Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 346.32]			
s	UBTOTAL of Receipts This Page (optional)			57.72			

I I APR I I APR I I APR I

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 OF 243 (check only one)					
	y information copied from such Reports and Sta for commercial purposes, other than using the r								
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC								
Α.	Full Name of Individual (Last, First, Middle Initia Driscoll, Philip, J, Mr.,	l) or Full C	organization Name	Date of Receipt					
	Mailing Address 38 Van Doren Way			09 / 21 / Y Y Y Y 2018					
	City Belle Mead	State NJ	Zip Code 08502	Transaction ID : A2018-2130860 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		19.24					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.56]					
В.	Full Name of Individual (Last, First, Middle Initia Engelhardt, David, D, Mr.,	l) or Full C	organization Name	Date of Receipt					
	Mailing Address 2772 Irene Circle	08 10 2018							
	City Roseville	State MN	Zip Code 55113	Transaction ID : A2018-1816536 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		115.39					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1846.24]					
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Engelhardt, David, D, Mr.,	l) or Full C	Prganization Name	Date of Receipt					
	Mailing Address 2772 Irene Circle			08 / D D / Y Y Y Y 24 2018					
	City Roseville	State MN	Zip Code 55113	Transaction ID : A2018-1890629 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		115.39					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1961.63]					
s	UBTOTAL of Receipts This Page (optional)			250.02					

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

I I APR I I APR I I APR I

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 67 OF 243 (check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Engelhardt, David, D, Mr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 2772 Irene Circle			09 07 Y Y Y Y 2018
	City Roseville	State MN	Zip Code 55113	Transaction ID : A2018-1974371
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2077.02	
В.	Full Name of Individual (Last, First, Middle Initia Engelhardt, David, D, Mr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 2772 Irene Circle	09 21 2018		
	City Roseville	State MN	Zip Code 55113	Transaction ID : A2018-2130830 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ce President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2192.41	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Farley, Kyle, L, Mr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 13316 E 93rd St			08 / D D / Y Y Y Y 08 10 2018
	City Kansas City	State MO	Zip Code 64138-5000	Transaction ID : A2018-1816587 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 615.52	7
s	UBTOTAL of Receipts This Page (optional)	<u> </u>		269.25

1 1 4p 1 1 4p 1 1 4p 1

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

Image# 201810119124462801									
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 OF 24 (check only one) Image: Check only one in the image: Check on the image						
Any information copied from such Reports and or for commercial purposes, other than using t NAME OF COMMITTEE (In Full) Select Medical Corporation PA	he name and a		person for the purpose of soliciting contributions be to solicit contributions from such committee.						
Full Name of Individual (Last, First, Middle I A. Farley, Kyle, L, Mr., Mailing Address 13316 E 93rd St	nitial) or Full C	Organization Name	Date of Receipt						
City Kansas City	State MO	Zip Code 64138-5000	Transaction ID : A2018-1890680 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		38.47						
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	upation (for Individual) e President Year-to-Date 653.99	Memo Item						
Full Name of Individual (Last, First, Middle I B. Farley, Kyle, L, Mr., Mailing Address 13316 E 93rd St City Kansas City FEC ID number of contributing federal political committee.	State MO	Zip Code 64138-5000	Date of Receipt 09 / 07 / 2018 Transaction ID : A2018-1974422 Amount of Each Receipt this Period 38.47						
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vic	e President Year-to-Date 692,46	Memo Item						
Full Name of Individual (Last, First, Middle I C. Farley, Kyle, L, Mr., Mailing Address 13316 E 93rd St	nitial) or Full C	Organization Name	Date of Receipt						
City Kansas City	State MO	Zip Code 64138-5000	Transaction ID : A2018-2130881 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		38.47						
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 730.93							

							-	-
SUBTOTAL of Receipts This Page (optional)	L		y		9		5.41	_
TOTAL This Period (last page this line number only)		 	-	 	-	 	-10-	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 OF 243 (check only one) Inta 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Fenn, Jeffrey, R, , Mailing Address 3811 Glen Arbor Ct NE	al) or Full O	rganization Name	Date of Receipt
	City Brookhaven	State GA	Zip Code 30319-1870	08 10 2018 Transaction ID : A2018-1816553
	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 Receipt For: Primary General Other (specify) ▼	Adn	upation (for Individual) ninistrator Year-to-Date ▼ 615.52	Memo Item
В.	Full Name of Individual (Last, First, Middle Initia Fenn, Jeffrey, R, , Mailing Address 3811 Glen Arbor Ct NE	al) or Full O	rganization Name	Date of Receipt
	City Brookhaven	State GA	Zip Code 30319-1870	08 24 2018 Transaction ID : A2018-1890646 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer (for Individual)	C	upation (for Individual)	38.47 Memo Item
	Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adr	ninistrator Year-to-Date ▼ 653.99	
C.	Full Name of Individual (Last, First, Middle Initia Fenn, Jeffrey, R, , Mailing Address 3811 Glen Arbor Ct NE	al) or Full O	rganization Name	Date of Receipt
	City Brookhaven	State GA	Zip Code 30319-1870	Transaction ID : A2018-1974388 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		38.47
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Adm	upation (for Individual) iinistrator Year-to-Date ▼ 692.46	Memo Item
s	JBTOTAL of Receipts This Page (optional)			115.41

c ⁄				
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 70 OF 243 (check only one)
ITEMIZED RECEIPTS			for each category of the	▼ 11a 11b 11c 12
			Detailed Summary Page	
				y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Z	Full Name of Individual (Last First Middle Initia		Organization Nama	
Α.	Full Name of Individual (Last, First, Middle Initia Fenn, Jeffrey, R, ,	ai) or fuil C	organization Name	Date of Receipt
	Mailing Address 3811 Glen Arbor Ct NE	State	Zin Code	09 21 2018
	City Brookhaven	State GA	Zip Code 30319-1870	Transaction ID : A2018-2130847 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator	Memo Item
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		730.93	
В.	Full Name of Individual (Last, First, Middle Initia Finkbeiner, Paul, G, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 24 Strayer Drive	08 10 2018		
	City	State	Zip Code	Transaction ID : A2018-1816685
	Carlisle	PA	17013	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ce President	Memo Item
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		307.84	
с.	Full Name of Individual (Last, First, Middle Initia Finkbeiner, Paul, G, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 24 Strayer Drive		1	08 / D D / Y Y Y Y 24 2018
	City Carlisle	State PA	Zip Code 17013	Transaction ID : A2018-1890777
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item
	Receipt For:		e Year-to-Date V	
	Primary General	Aggregate	e rear-to-Date ▼	
	Other (specify)	L	327.08	
s	UBTOTAL of Receipts This Page (optional)			76.95

I I APR I I APR I I APR I

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 OF 243 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Finkbeiner, Paul, G, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 24 Strayer Drive			09 / D D / Y Y Y Y Y 09 07 2018
	City	State	Zip Code	Transaction ID : A2018-1974519
	Carlisle	PA	17013	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ce President	Memo Item
	Receipt For:	Anareaate	e Year-to-Date ▼	-
	Primary General Other (specify) ▼		346.32	
В.	Full Name of Individual (Last, First, Middle Initia Finkbeiner, Paul, G, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 24 Strayer Drive			09 21 2018
	City	State	Zip Code	Transaction ID : A2018-2130812
	Carlisle	PA	17013	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		ccupation (for Individual) ce President	Memo Item
Receipt For: A Primary General Other (specify) ▼			e Year-to-Date ▼ 365.56	
<u> </u>	Full Name of Individual (Last, First, Middle Initia Finnegan, Patti, , Ms.,	al) or Full (Organization Name	Date of Receipt
	Mailing Address 939 Arlington Glen Drive			08 10 Y Y Y Y 08 10 2018
	City Fenton	State MO	Zip Code 63026	Transaction ID : A2018-1816607 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ief Operating Officer	Memo Item
	Receipt For:	1	e Year-to-Date ▼	1
	Primary General Other (specify)		307.84	
s	UBTOTAL of Receipts This Page (optional)			57.72

~										
S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 72 OF 243						
ITEMIZED RECEIPTS			for each category of the							
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and Sta			erson for the purpose of soliciting contributions						
or	for commercial purposes, other than using the r	name and a	ddress of any political committee	e to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC									
<u> </u>	Full Name of Individual (Last, First, Middle Initia Finnegan, Patti, , Ms.,	l) or Full C	Prganization Name	Date of Receipt						
,	Mailing Address 939 Arlington Glen Drive			08 24 2018						
	City	State	Zip Code	Transaction ID : A2018-1890700						
	Fenton	MO	63026	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		19.24						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ef Operating Officer	Memo Item						
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General Other (specify) ▼		327.08]						
В.	Full Name of Individual (Last, First, Middle Initia Finnegan, Patti, , Ms.,	l) or Full C	Prganization Name	Date of Receipt						
	Mailing Address 939 Arlington Glen Drive			09 07 2018						
	City	State	Zip Code	Transaction ID : A2018-1974442						
	Fenton	MO	63026	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		19.24						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ef Operating Officer	Memo Item						
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General Other (specify) ▼		346.32]						
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Finnegan, Patti, , Ms.,	l) or Full C	organization Name	Date of Receipt						
	Mailing Address 939 Arlington Glen Drive	1 -		09 21 2018						
	City Fenton	State MO	Zip Code 63026	Transaction ID : A2018-2130901						
			03020	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		19.24						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ef Operating Officer	Memo Item						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify)		365.56]						
s	UBTOTAL of Receipts This Page (optional)		•	57.72						

I I APR I I APR I I APR I

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 OF 243 (check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) X 11a 11b 11c 12 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	.C		
A. Full Name of Individual (Last, First, Middle In Fucci, Thomas, , , Mailing Address 5024 Westbury Farms Dr City Erie	State	Zip Code 16506-6120	Date of Receipt
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adr	upation (for Individual) ninistrator Year-to-Date ▼ 307.84	Memo Item
Full Name of Individual (Last, First, Middle In B. Fucci, Thomas, , , Mailing Address 5024 Westbury Farms Dr	hitial) or Full C	Organization Name	Date of Receipt
City Erie FEC ID number of contributing federal political committee.	State PA	Zip Code 16506-6120	Transaction ID : A2018-1890751 Amount of Each Receipt this Period 19.24
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adr	upation (for Individual) ninistrator Year-to-Date ▼ , 327.08	Memo Item
C. Full Name of Individual (Last, First, Middle In Fucci, Thomas, , , Mailing Address 5024 Westbury Farms Dr	hitial) or Full C	Organization Name	Date of Receipt
City Erie FEC ID number of contributing federal political committee.	State PA	Zip Code 16506-6120	Transaction ID : A2018-1974493 Amount of Each Receipt this Period 19.24
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Adm	upation (for Individual) hinistrator Year-to-Date ▼ 346.32	Memo Item
SUBTOTAL of Receipts This Page (optional)			57.72

S	CHEDULE A (FEC Form 3X)		<u> </u>			LINE N k only	UMBER	: PA	GE 7	4 OF	243			
IT	EMIZED RECEIPTS	RECEIPTS Use separate schedule(s) for each category of the												
•••				etailed Summary Page	×	11a	11b	11c						
_						13	14	15		16	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC													
/	Full Name of Individual (Last, First, Middle Initia)raon	Tation Nome										
Α.	Funci, Thomas, , ,	ai) or Full C	ngan	zalion name	Da	ate of I	Receipt							
	Mailing Address 5024 Westbury Farms Dr				Г	09 21 2018								
	City	State		Zip Code		Transa	ction ID	: A2018	-21307	786				
	Erie	PA		16506-6120	Ar	nount	of Each	Receipt	this Pr	eriod				
	FEC ID number of contributing federal political committee.	С					-			19.24				
	Name of Employer (for Individual) Select Medical Corporation		upation	on (for Individual) rator	10	Mer	no Item							
	Receipt For:	Aggregate			_									
	Primary General	Aggregate	Tear											
	Other (specify) V	L	7	365.56										
В.	Full Name of Individual (Last, First, Middle Initia Gardner, Scott, A, Mr.,	al) or Full C	Organ	zation Name	Da	ate of I	Receipt							
	Mailing Address 611 Fairground Road				Γ	08 / D D / Y Y Y Y 2018								
	City	State		Zip Code		Transa	ction ID	A2018	-18166	19				
	Newport	PA		17074	Ar	mount	of Each	Receipt	this Pe	eriod				
	FEC ID number of contributing	C			L E				-	10.04				
	federal political committee.	C	-					7		19.24				
	Name of Employer (for Individual) Select Medical Corporation		•	on (for Individual) sident		Mer	no Item							
	Receipt For:	Aggregate	Year	-to-Date 🔻										
	Primary General													
	Other (specify) v	L	,	307.84										
с.	Full Name of Individual (Last, First, Middle Initia Gardner, Scott, A, Mr.,	al) or Full C	Organ	zation Name	Da	ate of I	Receipt							
	Mailing Address 611 Fairground Road					08	/ D 24		Y Y 20	ү ү 18				
	City	State		Zip Code			ction ID							
	Newport	PA		17074	Ar	nount	of Each I	Receipt	this Pe	eriod				
	FEC ID number of contributing federal political committee.	С					, i	, , ,		19.24	ļ			
	Name of Employer (for Individual) Select Medical Corporation			on (for Individual) sident		Mei	no Item							
	Receipt For:	Aggregate	Year	-to-Date V										
	Primary General													
	Other (specify)	L	-	327.08										
					Ē					57.72				
18	UBTOTAL of Receipts This Page (optional)			••••••	·		9							

SUBTOTAL of Receipts This Page (optional)	1		 9	 	9		01.12	<u> </u>
	Г							
TOTAL This Period (last page this line number only)	L	-	-		-		-	_

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 OF 243 (check only one)					
Any information copied from such Reports and or for commercial purposes, other than using th								
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C							
Full Name of Individual (Last, First, Middle Ir A. Gardner, Scott, A, Mr., Mailing Address 611 Fairground Road	nitial) or Full C	Organization Name	Date of Receipt					
City	State PA	Zip Code 17074	09 07 2018 Transaction ID : A2018-1974453					
Newport FEC ID number of contributing federal political committee.	C	17074	Amount of Each Receipt this Period					
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	upation (for Individual) e President Year-to-Date ▼ 346.32	Memo Item					
B. Full Name of Individual (Last, First, Middle Ir Gardner, Scott, A, Mr., Mailing Address 611 Fairground Road	hitial) or Full C	Organization Name	Date of Receipt					
City Newport FEC ID number of contributing	number of contributing							
federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For:	Vic	upation (for Individual) e President Year-to-Date ▼	Memo Item					
Other (specify)		, 365.56]					
C. Full Name of Individual (Last, First, Middle Ir Gasse, Suzanne, D, Ms., Mailing Address 3903 West Sailboat Drive	hitial) or Full C	Organization Name	Date of Receipt					
City Pembroke Pines	State FL	Zip Code 33026	Transaction ID : A2018-1874255 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		19.24					
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Select Medical Corporation Vice President of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General							
SUBTOTAL of Receipts This Page (optional)			57.72					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 76 OF 243 (check only one)
_			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Gasse, Suzanne, D, Ms.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 3903 West Sailboat Drive			08 31 Y Y Y Y 2018
	City Pembroke Pines	State FL	Zip Code 33026	Transaction ID : A2018-1920008 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President of Operations	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.32]
В.	Full Name of Individual (Last, First, Middle Initia Gasse, Suzanne, D, Ms.,	al) or Full C	Drganization Name	Date of Receipt
υ.	Mailing Address 3903 West Sailboat Drive			09 14 2018
	City Pembroke Pines	State FL	Zip Code 33026	Transaction ID : A2018-2118298 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President of Operations	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.56	
с.	Full Name of Individual (Last, First, Middle Initia Gasse, Suzanne, D, Ms.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 3903 West Sailboat Drive			09 / D D / Y Y Y Y 28 2018
	City Pembroke Pines	State FL	Zip Code 33026	Transaction ID : A2018-2168658 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President of Operations	Memo Item
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		384.80	1
s	UBTOTAL of Receipts This Page (optional)			57.72

I I APR I I APR I I APR I

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 77 OF 243
IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Gillard, Peter, J, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 308 Woodbridge Ct			08 / D D / Y Y Y Y 2018
	City Allen	State TX	Zip Code 75013-3683	Transaction ID : A2018-1874254 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 327.08]
B	Full Name of Individual (Last, First, Middle Initia Gillard, Peter, J, Mr.,	al) or Full C	Organization Name	Date of Receipt
υ.	Mailing Address 308 Woodbridge Ct			08 31 2018
	City Allen	State TX	Zip Code 75013-3683	Transaction ID : A2018-1920007 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 346.32]
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Gillard, Peter, J, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 308 Woodbridge Ct			09 14 Y Y Y Y Y 09 14 2018
	City Allen	State TX	Zip Code 75013-3683	Transaction ID : A2018-2118297 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.56	
s	UBTOTAL of Receipts This Page (optional)			57.72

. . .

	age# 201010113124402011															
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS				Use separate schedule(s) for each category of the	(che	R LINE			ł:	PAGE	78 OF	- 243				
				Detailed Summary Page	×			11b		11c	12	<u> </u>				
Ar	ny information copied from such Reports and St	atements	s may r	not be sold or used by any p	erson f	13 or the	DUIT	14 005e.0	of so	15	16 contributi	000S				
	for commercial purposes, other than using the															
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;														
Α.	Full Name of Individual (Last, First, Middle Initi Gillard, Peter, J, Mr.,	ial) or Fu	ull Orga	nization Name	[Date o	f Re	ceipt								
	Mailing Address 308 Woodbridge Ct				M M / D D / Y Y Y Y 09 28 2018											
	City Allen	State TX	!	Zip Code 75013-3683		Transaction ID : A2018-2168657 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			19.24											
	Name of Employer (for Individual) Select Medical Corporation		Occupa Vice Pr	tion (for Individual) esident		М	emo	Item								
	Receipt For: Primary General Other (specify) ▼	jate Yea	ar-to-Date ▼ 384.80]												
В.	Full Name of Individual (Last, First, Middle Initi Glenn, Daphne, H, Mrs., Mailing Address 7930 Royal Fern Court	ial) or Fu	ıll Orga	nization Name		Date o	f Re	D			YIYI	Ŷ				
	City	State		Zip Code	_	08	۰.	1(2018					
	Liberty Township	OH		45044		Transaction ID : A2018-1816678 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С						,			19.2	4				
	Name of Employer (for Individual) Select Medical Corporation		Occupa CEO/A	Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggreg	jate Yea	ar-to-Date ▼ 307.84]											
С.	Full Name of Individual (Last, First, Middle Initi Glenn, Daphne, H, Mrs.,	ial) or Fu	ull Orga	nization Name		Date o	f Re	ceipt								
	Mailing Address 7930 Royal Fern Court	1				M M 08	/	D 24		/ Y	y y 2018	Y				
	City Liberty Township	State OH	1	Zip Code 45044						eipt this						
	FEC ID number of contributing federal political committee.	С				19.24										
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) Iministrator		M	lemo	Item								
_	Receipt For: Primary General Other (specify)	Aggreg	jate Yea	ar-to-Date ▼ 327.08]											

SUBTOTAL of Receipts This Page (optional)	L			,		_	9		5	57.72	2
TOTAL This Period (last page this line number only)	Г										
		_	_	- 10	·	 _		_	_		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		fo	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 79 OF 243 (check only one)								
	y information copied from such Reports and Sta for commercial purposes, other than using the r												
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC												
Α.	Full Name of Individual (Last, First, Middle Initia Glenn, Daphne, H, Mrs.,	al) or Full (Organi	zation Name	Date of Receipt								
	Mailing Address 7930 Royal Fern Court	_			09 07 Y Y Y Y 2018								
	City	State		Zip Code	Transaction ID : A2018-1974512								
	Liberty Township	OH		45044	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			19.24								
	Name of Employer (for Individual) Select Medical Corporation		•	on (for Individual) ninistrator	Memo Item								
	Receipt For:	Aggregate	e Year	-to-Date ▼									
	Other (specify) ▼		-	346.32									
в.	Full Name of Individual (Last, First, Middle Initia Glenn, Daphne, H, Mrs.,	al) or Full C	Organi	zation Name	Date of Receipt								
	Mailing Address 7930 Royal Fern Court				09 21 2018								
	City Liberty Township	State OH	Transaction ID : A2018-2130805 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			19.24								
	Name of Employer (for Individual) Select Medical Corporation			on (for Individual) ninistrator	Memo Item								
	Receipt For: Primary General	Aggregate	e Year	-to-Date V									
	Other (specify)	L	,	365.56									
C.	Full Name of Individual (Last, First, Middle Initia Gombotz, Mark, , Mr.,	al) or Full C	Organi	zation Name	Date of Receipt								
	Mailing Address 35 Mallard Lane				08 / D D / Y Y Y Y 08 17 2018								
	City Kensington	State CT		Zip Code 06037	Transaction ID : A2018-1874253								
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period								
	Name of Employer (for Individual)		•	on (for Individual)	Memo Item								
	Select Medical Corporation Receipt For:	1		ident of Operations	_								
	Primary General Other (specify)	Aggregate	e Year	-to-Date ▼ 327.08									
s	UBTOTAL of Receipts This Page (optional)				57.72								

. . .

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 80 OF

243

IT.			Use separate schedule(s) ((check only one)								
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a 13	11b	11c		12 16	17				
	ny information copied from such Reports and for commercial purposes, other than using the				or the	purpose	of solicitin	ig con	ntributi	ions				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C												
Α.	Full Name of Individual (Last, First, Middle I Gombotz, Mark, , Mr.,	nitial) or Full C	organization Name	C	ate of	Receipt								
	Mailing Address 35 Mallard Lane				08 31 2018									
	City Kensington	State CT	Zip Code 06037	A			D : A2018- n Receipt t			_				
	FEC ID number of contributing federal political committee.	С			_	-9-		_	19.2	.4				
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President of Operations		Me	emo Iten	1							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.32											
в.	, , , ,	nitial) or Full C	Organization Name			Receipt								
	Mailing Address 35 Mallard Lane	_ [м м 09		14	20	18 18	Y						
	City Kensington	State CT	Zip Code 06037		21182 his Pe									
	FEC ID number of contributing federal political committee.			- 7-		_	19.2	.4						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President of Operations		Me	emo Item	ı							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.56											
С.	Full Name of Individual (Last, First, Middle I Gombotz, Mark, , Mr.,	nitial) or Full C	Organization Name		ate of	Receipt								
	Mailing Address 35 Mallard Lane				^M 09		28 /	20	18 [°]	Y				
	City Kensington	State CT	Zip Code 06037	A			D : A2018- n Receipt t							
	FEC ID number of contributing federal political committee.	С		ļ		- y	, , ,	_	19.2	4				
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President of Operations		Me	emo Iten	n							
	Receipt For: Primary General Other (specify)	Primary General General												
s	SUBTOTAL of Receipts This Page (optional)					9		-	57.7	2				

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

а.

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 81 OF

ITEMIZED RECEIPTS	for each category of Detailed Summary Pa	
		y any person for the purpose of soliciting contributions pommittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation PAC		
Full Name of Individual (Last, First, Middle Initia Grams, Shannon, L, Mrs., Mailing Address 1412 S 37th St City Fort Smith FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	I) or Full Organization Name State Zip Code AR 72903-2945 C Occupation (for Individual) Administrator Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 08 10 2018 Transaction ID : A2018-1816634 Amount of Each Receipt this Period 38.47 Memo Item 52
Full Name of Individual (Last, First, Middle Initia B. Grams, Shannon, L, Mrs., Mailing Address 1412 S 37th St City Fort Smith FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	I) or Full Organization Name State Zip Code AR 72903-2945 C Occupation (for Individual) Administrator Aggregate Year-to-Date ▼ Aggregate Year-to-Date ✓	Date of Receipt / 2018 Transaction ID : A2018-1890726 Amount of Each Receipt this Period Amount of Each Receipt this Period Memo Item
Full Name of Individual (Last, First, Middle Initial Grams, Shannon, L, Mrs., Mailing Address 1412 S 37th St City Fort Smith FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	I) or Full Organization Name State Zip Code AR 72903-2945 C Occupation (for Individual) Administrator Aggregate Year-to-Date ▼ 692 692	Date of Receipt 09 07 2018 Transaction ID : A2018-1974468 Amount of Each Receipt this Period 38.47 Memo Item
SUBTOTAL of Receipts This Page (optional)		

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 82 OF

		Detailed Summary Page	×	11a 13		11b		11c	12	17					
Any information copied from such Reports or for commercial purposes, other than us				or the		pose		oliciting	g contrib	utions					
NAME OF COMMITTEE (In Full) Select Medical Corporation	PAC														
Full Name of Individual (Last, First, Mic A. Grams, Shannon, L, Mrs.,	dle Initial) or Full O	rganization Name	Date of Receipt												
Mailing Address 1412 S 37th St				м м 09	/	D 2	D 21	/ Y	2018	Y					
City Fort Smith	State AR	Zip Code 72903-2945	A					2018-2 ceipt th	1 30761 iis Perio						
FEC ID number of contributing federal political committee.	С		38.47												
Name of Employer (for Individual) Select Medical Corporation															
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 730.93]												
Full Name of Individual (Last, First, Mic Grigonis, Antony, M, Mr. ,	dle Initial) or Full O	rganization Name		Date of	f Re	eceipt									
Mailing Address 1636 Lowell Lane															
City New Cumberland	State PA	Zip Code 17070	A	Transaction ID : A2018-1816609 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		76.93												
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1230.88]												
Full Name of Individual (Last, First, Mic C. Grigonis, Antony, M, Mr.,	dle Initial) or Full O	rganization Name		Date of	f Re	eceipt									
Mailing Address 1636 Lowell Lane				^M 08	L.		24		2018	Y					
City New Cumberland	State PA	Zip Code 17070	A						890702 iis Perio	d					
FEC ID number of contributing federal political committee.	C			_		y		,		6.93					
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item												
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1307.81]												
SUBTOTAL of Receipts This Page (optio	nal)					,		,	192	2.33					
TOTAL This Period (last page this line nu	umber only)					-		-9-							

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 83 OF

243

111	EMIZED RECEIPTS		for each category of the Detailed Summary Page				111	-	11c		12 16	17					
	y information copied from such Reports and S for commercial purposes, other than using the						rpos	e of	solicitin	g cont	tributi	ions					
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C															
Α.	Full Name of Individual (Last, First, Middle Ini Grigonis, Antony, M, Mr., Mailing Address 1636 Lowell Lane	tial) or Full Or	ganization Name		Date o			pt) / Y	Y	Y	Y					
	City	State PA	Zip Code		09 07 2018 Transaction ID : A2018-1974444 Amount of Each Receipt this Period												
	New Cumberland FEC ID number of contributing federal political committee.	C	17070		Amour	nt of	Ead	ch R	leceipt ti	nis Pe	eriod 76.9	3					
	Name of Employer (for Individual) Select Medical Corporation		pation (for Individual) President	Memo Item													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1384.74]													
в.	Full Name of Individual (Last, First, Middle Ini Grigonis, Antony, M, Mr., Mailing Address 1636 Lowell Lane	ganization Name		Date o	of Re		pt			Ŷ	Y						
	City	State	Zip Code 17070		09 21 2018 Transaction ID : A2018-2130903 Amount of Each Receipt this Period												
	New Cumberland FEC ID number of contributing federal political committee.	РА		Amount of Each Receipt this Period													
	Name of Employer (for Individual) Select Medical Corporation		pation (for Individual) President	Memo Item													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1461.67]													
с.	Full Name of Individual (Last, First, Middle Ini Hamilton, Randal, S, Mr.,	tial) or Full Or	ganization Name		Date c	of Re	eceij	pt									
	Mailing Address 145 Pelican Way	01-1-	The Oak		08		L	10	J L	201		Y					
	City Panama City Beach	State FL	Zip Code 32408		Transaction ID : A2018-1816595 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С					9	_			38.4	7					
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Admi	pation (for Individual) nistrator		Memo Item												
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 615.52	1													
s	UBTOTAL of Receipts This Page (optional)					-	9	-	7		192.3	3					

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

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 84 OF

177			Use separate schedule(s)	(ch	eck only										
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		K 11a 13		11b 14	11c	12	17					
	y information copied from such Reports and Stat for commercial purposes, other than using the n				for the		pose of	f soliciting	contribu	tions					
$\left\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC														
A.	Full Name of Individual (Last, First, Middle Initial Hamilton, Randal, S, Mr.,) or Full Or	ganization Name		Date of	Re	eceipt								
	Mailing Address 145 Pelican Way				м м 08	1	D 24		2018	Y					
	City Panama City Beach	State FL	Zip Code 32408					: A2018-1 Receipt th							
	FEC ID number of contributing federal political committee.	С						-	38.4	47					
	Name of Employer (for Individual) Select Medical Corporation		ipation (for Individual) inistrator		Me	emo	b Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 653.99												
	Full Name of Individual (Last, First, Middle Initial Hamilton, Randal, S, Mr.,) or Full Or	ganization Name		Date of	Re	eceipt								
	Mailing Address 145 Pelican Way				M M 09	/	D 07		y y 2018	Y					
	City Panama City Beach	State FL	Zip Code 32408		Transaction ID : A2018-1974430 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				. 01			38.4	47					
	Name of Employer (for Individual) Select Medical Corporation		ipation (for Individual) inistrator		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.46												
	Full Name of Individual (Last, First, Middle Initial Hamilton, Randal, S, Mr.,) or Full Or	rganization Name		Date of	Re	eceipt								
	Mailing Address 145 Pelican Way				м м 09	1	D 21		2018 Y	Y					
	City Panama City Beach	State FL	Zip Code 32408					: A2018-2 Receipt th							
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	5	38.4	47					
	Name of Employer (for Individual) Select Medical Corporation		pation (for Individual) inistrator		M	emo	o Item								
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 730.93															
s	UBTOTAL of Receipts This Page (optional)		••••••	•			,		115.4	41					
т	OTAL This Period (last page this line number on	ly)	•••••	•											

L

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		fo	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 OF 243 (check only one)											
	y information copied from such Reports and Stat for commercial purposes, other than using the n															
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC															
Α.	Full Name of Individual (Last, First, Middle Initial Hammaker, Lora, K, Ms.,	l) or Full C	Orgar	ization Name	Date of Receipt											
	Mailing Address 5 East Red Gold Circle	1			08 10 / Y Y Y Y 2018											
	City Camp Hill	State PA		Zip Code 17011	Transaction ID : A2018-1816556 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			19.24											
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) esident	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Yea	r-to-Date ▼ 307.84												
	Full Name of Individual (Last, First, Middle Initial Hammaker, Lora, K, Ms.,	l) or Full C	Orgar	ization Name	Date of Receipt											
	Mailing Address 5 East Red Gold Circle	08 24 2018														
	City Camp Hill	State PA		Zip Code 17011	Transaction ID : A2018-1890649 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			19.24											
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) esident	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 327.08												
	Full Name of Individual (Last, First, Middle Initial Hammaker, Lora, K, Ms.,	l) or Full C	Orgar	ization Name	Date of Receipt											
	Mailing Address 5 East Red Gold Circle	State		Zip Code	09 07 2018											
	Camp Hill	PA		17011	Transaction ID : A2018-1974391 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			19.24											
	Name of Employer (for Individual) Select Medical Corporation			ion (for Individual) sident	Memo Item											
	Receipt For: Primary General Other (specify)	Aggregate	e Yea	r-to-Date ▼ 346.32												
s	JBTOTAL of Receipts This Page (optional)				57.72											

TOTAL This Period (last page this line number only)		_	- 7	 	- 7	_	_	_	-	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 86 OF 243 (check only one) Image: Check only one in the image: Check only one in the image: Check on in the image									
_			Detailed Summary Page	13 14 15 16 17									
	y information copied from such Reports and Sta for commercial purposes, other than using the n												
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC												
Α.	Full Name of Individual (Last, First, Middle Initia Hammaker, Lora, K, Ms.,	l) or Full C	Organization Name	Date of Receipt									
	Mailing Address 5 East Red Gold Circle			09 21 2018									
	City Camp Hill	State PA	Zip Code 17011	Transaction ID : A2018-2130850 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		19.24									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.56	1									
В.	Full Name of Individual (Last, First, Middle Initia Hammerman, Samuel, I, Doctor, I.	l) or Full C	Organization Name	Date of Receipt									
υ.	Mailing Address 6 Windy Drive			08 10 2018									
	City Shavertown	State PA	Zip Code 18708	Transaction ID : A2018-1816633 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		192.31									
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ef Medical Officer	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3076.96]									
С.	Full Name of Individual (Last, First, Middle Initia Hammerman, Samuel, I, Doctor, I.	l) or Full C	Organization Name	Date of Receipt									
	Mailing Address 6 Windy Drive	-		08 / D D / Y Y Y Y 08 24 2018									
	City Shavertown	State PA	Zip Code 18708	Transaction ID : A2018-1890725 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		192.31									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ef Medical Officer	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3269.27]									
s	UBTOTAL of Receipts This Page (optional)			403.86									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 OF 243 (check only one) ************************************								
Any information copied from such Reports and S or for commercial purposes, other than using the											
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C										
A. Hammerman, Samuel, I, Doctor, I.											
Mailing Address 6 Windy Drive	State	Zip Code	09 07 2018 Transaction ID : A2018-1974467								
Shavertown	PA	18708	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С										
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ef Medical Officer	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3461.58]								
Full Name of Individual (Last, First, Middle Ini B. Hammerman, Samuel, I, Doctor, I.	itial) or Full C	Organization Name	Date of Receipt								
Mailing Address 6 Windy Drive			09 / D D / Y Y Y Y 21 2018								
City Shavertown	State PA	Zip Code 18708	Transaction ID : A2018-2130760 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		192.31								
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ef Medical Officer	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3653.89]								
Full Name of Individual (Last, First, Middle Ini C. Hammett, Elizabeth, G, Ms.,	itial) or Full C	Organization Name	Date of Receipt								
Mailing Address 1279 Samuel Rd	1		M M / D D / Y								
City West Chester	State PA	Zip Code 19380-1067	Transaction ID : A2018-1816641								
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ector	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 307.84]								
SUBTOTAL of Receipts This Page (optional)			403.86								

TOTAL This Period (last page this line number only)	•			-			7	_	-	-	
---	---	--	--	---	--	--	---	---	---	---	--

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 OF (check only one) 11a 11b 11c 12 13 14 15 16 16										
	the name and ac		person for the purpose of soliciting contribution ee to solicit contributions from such committee.										
Full Name of Individual (Last, First, Middle A. Hammett, Elizabeth, G, Ms., Mailing Address 1279 Samuel Rd	e Initial) or Full Or	ganization Name	Date of Receipt										
City West Chester	State PA	Zip Code 19380-1067	Transaction ID : A2018-1890733 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		19.24										
Name of Employer (for Individual) Select Medical Corporation Receipt For:	Direc		Memo Item										
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 327.08											
Full Name of Individual (Last, First, Middle B. Hammett, Elizabeth, G, Ms., Mailing Address 1279 Samuel Rd	e Initial) or Full Or	ganization Name	Date of Receipt										
City West Chester	State PA	Zip Code 19380-1067	Transaction ID : A2018-1974475 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		19.24										
Name of Employer (for Individual) Select Medical Corporation	Occu Direc	upation (for Individual) ctor	Memo Item										
Receipt For:	Aggregate `	Year-to-Date ▼	-										

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Hammett, Elizabeth, G, Ms.,

Other (specify)

. Hammett, Elizabeth, G, Ms.,	Date of Receipt		
Mailing Address 1279 Samuel Rd			09 21 2018
City	State	Zip Code	Transaction ID : A2018-2130768
West Chester	PA	19380-1067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.24
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
Select Medical Corporation	Direc	, , ,	
Receipt For:	Aggregate `	/ear-to-Date ▼	1
Primary General Other (specify)		365.56	
SUBTOTAL of Receipts This Page (optional)		►	57.72
TOTAL This Period (last page this line numb			

346.32

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

243

17

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 89 OF 243										
IT	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)										
			for each category of the Detailed Summary Page	X 11a 11b 11c 12										
				13 14 15 16 17										
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements maname and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
\square	NAME OF COMMITTEE (In Full)													
	Select Medical Corporation PAC													
Α.	Full Name of Individual (Last, First, Middle Initia Hanson, Brent, , Mr.,	al) or Full C	organization Name	Date of Receipt										
	Mailing Address 12055 Sabo Rd Apt 824													
	City	State	Zip Code	Transaction ID : A2018-1816675										
	Houston	ТХ	77089-6289	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		38.47										
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item										
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General	, iggi oguto		1										
	Other (specify)	L	615.52]										
В.	Full Name of Individual (Last, First, Middle Initia Hanson, Brent, , Mr.,	al) or Full C	organization Name	Date of Receipt										
	Mailing Address 12055 Sabo Rd Apt 824													
				08 24 2018										
	City	State	Zip Code	Transaction ID : A2018-1890767										
	Houston	ТХ	77089-6289	Amount of Each Receipt this Period										
	FEC ID number of contributing	С		38.47										
	federal political committee.	•												
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item										
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General			1										
	Other (specify)		, 653.99											
C.	Full Name of Individual (Last, First, Middle Initia Hanson, Brent, , Mr.,	al) or Full C	organization Name	Date of Receipt										
	Mailing Address 12055 Sabo Rd Apt 824			09 / D D / Y Y Y Y 09 07 2018										
	City	State	Zip Code	Transaction ID : A2018-1974509										
	Houston	TX	77089-6289	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		38.47										
	Name of Employer (for Individual)	000	upation (for Individual)	Memo Item										
	Select Medical Corporation		ninistrator	-										
	Receipt For:			—										
	Primary General	Ayyreyale	Year-to-Date ▼											
	Other (specify)		692.46	1										
s	UBTOTAL of Receipts This Page (optional)			115.41										

1 1 4p 1 1 4p 1 1 4p 1

	19 6# 201010113124402023													
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)					90 OF	243						
	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Select Medical Corporation PA(e name and a					contributio	ns						
A .	Full Name of Individual (Last, First, Middle Ini Hanson, Brent, , Mr., Mailing Address 12055 Sabo Rd Apt 824	tial) or Full O	rganization Name	M		/ .	Y Y Y	1						
	City Houston	State TX	Zip Code 77089-6289		21 saction ID : <i>I</i> it of Each Re									
	FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General	Adm	upation (for Individual) ninistrator Year-to-Date ▼	— [] M	Memo Item									
В.	Other (specify) ▼ Full Name of Individual (Last, First, Middle Ini Heath, William, D, , Mailing Address 4025 Ridgewood Rd	tial) or Full O	730.93 rganization Name	Date o	f Receipt	/ Y	Y = Y = Y							
	Suite 1050			08	10		2018							
	City	State	Zip Code	Transaction ID : A2018-1816649										
	Jackson	MS	39211-6469		it of Each Re									
	FEC ID number of contributing federal political committee.	С					19.24							
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Adm	upation (for Individual) ninistrator	M	lemo Item									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.84]										
C.	Full Name of Individual (Last, First, Middle Ini Heath, William, D, ,	tial) or Full O	rganization Name	Date o	f Receipt									
	Mailing Address 4025 Ridgewood Rd Suite 1050	State	Zip Code	08 Trans	24	t have	2018 90741							
	Jackson	MS	39211-6469											
	FEC ID number of contributing federal political committee.	C			it of Each Re	eceipt this	19.24							
	Name of Employer (for Individual) Select Medical Corporation	Adm	upation (for Individual) inistrator	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 327.08	1										

SCHEDULE A (FEC Form 3X)	Use s
ITEMIZED RECEIPTS	Use so for eac Detaile

separate schedule(s) ach category of the led Summary Page

FOR LINE NUMBER:

(check only one)

PAGE 91 OF

243

110			Detailed Summary Page				11b	11c		12							
					13		14	15		16		17					
An or	information copied from such Reports and sort commercial purposes, other than using th	Statements ma e name and a	ay not be sold or used by any address of any political commi	/ persor ttee to s	n for the solicit co	pur ntrit	pose of outions	f soliciting from sucl) co h cc	ntribut	ions e.						
	NAME OF COMMITTEE (In Full)																
	Select Medical Corporation PA	С															
Α.	Full Name of Individual (Last, First, Middle In Heath, William, D, ,	iitial) or Full C	Organization Name		Date of Receipt												
	Mailing Address 4025 Ridgewood Rd Suite 1050			09 / 07 / 2018 Transaction ID : A2018-1974483													
	City Jackson	State MS	Zip Code 39211-6469	-	Transaction ID : A2018-1974483 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С															
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator		N	lemo	o Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.32														
	Full Name of Individual (Last, First, Middle In Heath, William, D, ,		Date o	f Re	eceipt												
	Mailing Address 4025 Ridgewood Rd Suite 1050		09 / 21 / 2018														
	City	State	Zip Code		Trans	sact	ion ID :	A2018-2	130	776	_						
	Jackson	MS	39211-6469		Amoun	t of	Each F	Receipt th	nis F	'eriod							
	FEC ID number of contributing federal political committee.		19.24														
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator		Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.56														
	Full Name of Individual (Last, First, Middle In Hedeman, Robin, , Ms.,	iitial) or Full C	Organization Name		Date o	f Re	eceipt										
	Mailing Address 15 W Main St PO 194				08	/	D 10			018 [°]	Y						
	City Brookside	State NJ	Zip Code 07926					: A2018-1									
		INJ	07926		Amoun	t of	Each F	Receipt th	iis F	'eriod		_					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .		_	19.2	24						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President		N	lem	o Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 307.84														
\vdash	JBTOTAL of Receipts This Page (optional)			· •		-	5 1 5 1	1 J	-	57.7	2						

m	age# 201010119124402025															
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS					LINE ck only	NUMBE one)	R:	PAGE	E 92 C)F 24	3				
	EMIZED RECEIPTS			Detailed Summary Page	×	11a	11b		11c	12						
_						13	14		15	16	1	7				
	ny information copied from such Reports and for commercial purposes, other than using th															
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С														
А.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hedeman, Robin, , Ms.,							t								
	Mailing Address 15 W Main St PO 194			08 / D D / Y Y Y Y 24 2018												
	City	State		Zip Code		Transa	action I	D : A	2018-18	890658						
	Brookside	NJ		07926	A	mount	of Each	ו Re	ceipt thi	is Period						
	FEC ID number of contributing federal political committee.	C					-7-			19.	24]				
	Name of Employer (for Individual) Select Medical Corporation			ion (for Individual) esident		Me	mo Iten	n								
	Receipt For:	Aggrogato		ur-to-Date ▼												
	Primary General	Ayyreyale	- 166													
	Other (specify) ▼		-	327.08	1											
В.	Full Name of Individual (Last, First, Middle Ir Hedeman, Robin, , Ms.,	iitial) or Full (Orgai	nization Name		Date of	Receipt	t								
	Mailing Address 15 W Main St PO 194					м м 09		07	/ Y	y y 2018	Y					
	City	State		Zip Code		Transa	ction II) : A	2018-19) 74400		_				
	Brookside	NJ		07926	A	mount	of Each	ו Re	ceipt thi	is Period						
	FEC ID number of contributing federal political committee.	С				_	-	_	- 75-	19.	24]				
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) esident		Me	mo Iten	n								
	Receipt For:	Aggregate	e Yea	ır-to-Date ▼												
	Primary General				11											
	Other (specify) v		y	, 346.32												
C.	Full Name of Individual (Last, First, Middle Ir Hedeman, Robin, , Ms.,	iitial) or Full (Orgai	nization Name		Date of	Receipt	t								
	Mailing Address 15 W Main St PO 194					^M 09		21	/ Y	ү 2018	Ŷ					
	City	State		Zip Code		Transa	action I	D : A	2018-2	130859						
	Brookside	NJ		07926	A	mount	of Each	ו Re	ceipt thi	is Period						
	FEC ID number of contributing federal political committee.	С					y		9	19.	24]				
	Name of Employer (for Individual)	000	cupat	ion (for Individual)		Me	mo Iter	n								
	Select Medical Corporation		•	esident												
	Receipt For:			ir-to-Date ▼												
	Primary General	Aggregate														
	Other (specify)		-	365.56												

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 OF 243 (check only one)										
	y information copied from such Reports and Sta for commercial purposes, other than using the r													
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC													
Α.	Full Name of Individual (Last, First, Middle Initia Hollenbach, John, T, Mr.,	al) or Full C	Drganization Name	Date of Receipt										
	Mailing Address 3607 Weymouth Drive			08 10 / Y Y Y Y Y 2018										
	City	State	Zip Code	Transaction ID : A2018-1816631										
	Mechanicsburg	PA	17050	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		115.39										
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item										
	Receipt For:	Aggregate	e Year-to-Date ▼											
	Primary General Other (specify) ▼		1730.85											
В.	Full Name of Individual (Last, First, Middle Initia Hollenbach, John, T, Mr.,	al) or Full C	Drganization Name	Date of Receipt										
	Mailing Address 3607 Weymouth Drive	08 24 2018												
	City	State	Zip Code	Transaction ID : A2018-1890723										
	Mechanicsburg	PA	17050	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		115.39										
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1846.24											
<u> </u>	Full Name of Individual (Last, First, Middle Initia Hollenbach, John, T, Mr.,	al) or Full C	Drganization Name	Date of Receipt										
	Mailing Address 3607 Weymouth Drive			09 / D D / Y Y Y Y 09 07 2018										
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2018-1974465 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		115.39										
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item										
	Receipt For:		Year-to-Date ▼	-										
	Primary General Other (specify)	, iggi egale	1961.63											
s	UBTOTAL of Receipts This Page (optional)		•	346.17										

Image# 201810119124462827												
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 OF 24 (check only one)	43								
Any information copied from such Reports and	Statements m			17								
			ee to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Select Medical Corporation P/												
A. Hollenbach, John, T, Mr.,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hollenbach, John, T, Mr.,											
Mailing Address 3607 Weymouth Drive			09 21 Y Y Y Y 2018									
City	State	Zip Code	Transaction ID : A2018-2130758									
Mechanicsburg	PA	17050	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		115.39									
Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item									
Select Medical Corporation		e President										
Receipt For:	Aggregate	e Year-to-Date ▼										
Primary General	Aggregate		_									
Other (specify)		2077.02										
Full Name of Individual (Last, First, Middle B. Huffman, David, J, Mr.,	Initial) or Full (Organization Name	Date of Receipt									
Mailing Address 2915 Arcona Road			08 / D / Y Y Y Y 2018									
City	State	Zip Code	Transaction ID : A2018-1816570									
Mechanicsburg	PA	17055	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		115.39									
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ce President Financial Operations	S Memo Item									
Receipt For:	Aggregate	e Year-to-Date 🔻										
Primary General Other (specify) ▼		1846.24										
Full Name of Individual (Last, First, Middle C. Huffman, David, J, Mr.,	Initial) or Full (Organization Name	Date of Receipt									
Mailing Address 2915 Arcona Road			08 / D D / Y Y Y Y 2018									
City	State	Zip Code	Transaction ID : A2018-1890663									
Mechanicsburg	PA	17055	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		115.39									
Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item									
Select Medical Corporation		e President Financial Operations										
Receipt For:		e Year-to-Date ▼										
Primary General	Ayyreyale											
Other (specify)		1961.63										

											-
SUBTOTAL of Receipts This Page (optional)	L			y			IJ		34	6.17	
		1	1	1	1	1.1		1	1.1	1.1	100
TOTAL This Period (last page this line number only)	L			-			-			-	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)						
	y information copied from such Reports and Sta for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC							
Α.	Full Name of Individual (Last, First, Middle Initi Huffman, David, J, Mr.,	al) or Full O	rganization Name	Date of Receipt				
	Mailing Address 2915 Arcona Road			09 07 / Y Y Y Y 2018				
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2018-1974405 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		115.39				
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President Financial Operations	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2077.02					
В.	Full Name of Individual (Last, First, Middle Initi Huffman, David, J, Mr.,	al) or Full O	rganization Name	Date of Receipt				
	Mailing Address 2915 Arcona Road			09 21 Y Y Y Y 09 21 2018				
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2018-2130864				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President Financial Operations	Memo Item				
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2192.41					
C.	Full Name of Individual (Last, First, Middle Initi Hunter, Bridgette, L, Ms., Mailing Address 1305 Zarda Ln	al) or Full O	rganization Name	Date of Receipt				
	City Kansas City	State KS	Zip Code 66109-7859	08 10 2018 Transaction ID : A2018-1816668 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		38.47				
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 615.52					
Γ				260.25				

SUBTOTAL of Receipts This Page (optional)	1.	 	y	 -	 -	26	09.23)
	10							
TOTAL This Period (last page this line number only)	۰.	 	-	 _	 		- 10	

	-											
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			f	Jse separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 OF 243 (check only one) I1a 11b 11c 12 I3 14 15 16 17							
	y information copied from such Reports and Sta for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC											
Α.	Full Name of Individual (Last, First, Middle Initi Hunter, Bridgette, L, Ms.,	al) or Full	Orgar	nization Name	Date of Receipt							
	Mailing Address 1305 Zarda Ln				08 24 2018							
	City Kansas City	State KS		Zip Code 66109-7859	Transaction ID : A2018-1890760 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			38.47							
	Name of Employer (for Individual) Select Medical Corporation		ccupat dminis	tion (for Individual) strator	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregat	te Yea	ar-to-Date ▼ 653.99								
В.	Full Name of Individual (Last, First, Middle Initi Hunter, Bridgette, L, Ms., Mailing Address 1305 Zarda Ln	al) or Full	Orgar	nization Name	Date of Receipt							
	City	State		Zip Code	09 07 2018							
	Kansas City	KS		66109-7859	Transaction ID : A2018-1974502 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			38.47							
	Name of Employer (for Individual) Select Medical Corporation		ccupat dminis	tion (for Individual) strator	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregat	te Yea	ar-to-Date ▼ 692.46								
с.	Full Name of Individual (Last, First, Middle Initi Hunter, Bridgette, L, Ms.,	al) or Full	Orgar	nization Name	Date of Receipt							
	Mailing Address 1305 Zarda Ln				M M / D D / Y							
	City Kansas City	State KS		Zip Code 66109-7859	Transaction ID : A2018-2130795 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			38.47							
	Name of Employer (for Individual) Select Medical Corporation	Ac	dminis		Memo Item							
_	Receipt For: Primary General Other (specify)	Aggregat	te Yea	rr-to-Date ▼ 730.93								

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 OF 243 (check only one) Image: Check only one (Check only one) Image: Check only one) Image							
	y information copied from such Reports and Sta for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC										
Α.	Full Name of Individual (Last, First, Middle Initi Idoine-Fries, Julie, R, Ms.,	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 2637 E 130th St			08 10 2018							
	City Cleveland	State OH	Zip Code 44120-1451	Transaction ID : A2018-1816663 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		19.24							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.84								
в.	Full Name of Individual (Last, First, Middle Initi Idoine-Fries, Julie, R, Ms., Mailing Address 2637 E 130th St	Date of Receipt									
	City Cleveland FEC ID number of contributing	State OH	Zip Code 44120-1451	08 24 2018 Transaction ID : A2018-1890755 Amount of Each Receipt this Period 19.24							
	federal political committee. Name of Employer (for Individual) Select Medical Corporation	Occ	upation (for Individual)	Memo Item							
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 327.08								
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Idoine-Fries, Julie, R, Ms., Date of Receipt											
	Mailing Address 2637 E 130th St	State	Zip Code	09 / 07 / 2018 Transaction ID : A2018-1974497							
	Cleveland	OH	44120-1451	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		19.24							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 346.32								
s	UBTOTAL of Receipts This Page (optional)			57.72							

mage# 201810119124462831			
	nd Statements ma		FOR LINE NUMBER: PAGE 98 OF (check only one) 11a 11b 11c 12 13 14 15 16 v person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation F			
Full Name of Individual (Last, First, Middle Idoine-Fries, Julie, R, Ms., Mailing Address 2637 E 130th St	e Initial) or Full O	rganization Name	Date of Receipt
City Cleveland	State OH	Zip Code 44120-1451	09 21 2018 Transaction ID : A2018-2130790 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adm	upation (for Individual) ninistrator Year-to-Date ▼ 365.56	Memo Item
Full Name of Individual (Last, First, Middle James, Stephanie, R, Ms., Mailing Address 740 Parkins Mill Rd.	initial) or Full O	rganization Name	Date of Receipt
City Greenville	State SC	Zip Code 29607	08 10 2018 Transaction ID : A2018-1816611 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1846.24	
Full Name of Individual (Last, First, Middle James, Stephanie, R, Ms., Mailing Address 740 Parkins Mill Rd.	, 		Date of Receipt
City Greenville	State SC	Zip Code 29607	Transaction ID : A2018-1890704 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39

Occupation (for Individual)

1961.63

Vice President

Aggregate Year-to-Date V

SUBTOTAL of Receipts This Page (optional).....

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

Name of Employer (for Individual)

General

Select Medical Corporation

Other (specify)

Receipt For:

Primary

250.02

100

Memo Item

243

S	HEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 99 OF 24						
ITEMIZED RECEIPTS			fo	lse separate schedule(s) or each category of the betailed Summary Page	(check only one)						
	y information copied from such Reports and Sta for commercial purposes, other than using the		ay no	ot be sold or used by any po							
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC										
Z	Full Name of Individual (Last, First, Middle Initi	al) or Full C	Drgan	ization Name							
Α.	James, Stephanie, R, Ms.,				Date of Receipt						
	Mailing Address 740 Parkins Mill Rd.				09 07 / Y Y Y Y 2018						
	City Greenville	State SC		Zip Code 29607	Transaction ID : A2018-1974446 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			115.39						
	Name of Employer (for Individual) Select Medical Corporation			on (for Individual) sident	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2077.02							
В.	Full Name of Individual (Last, First, Middle Initi James, Stephanie, R, Ms.,	al) or Full C	Organ	ization Name	Date of Receipt						
	Mailing Address 740 Parkins Mill Rd.				09 21 2018						
	City Greenville	State SC		Zip Code 29607	Transaction ID : A2018-2130905 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			115.39						
	Name of Employer (for Individual) Select Medical Corporation			ion (for Individual) esident	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2192.41							
<u> </u>	Full Name of Individual (Last, First, Middle Initi Jennings, Deborah, S, Ms.,	al) or Full C	Drgan	ization Name	Date of Receipt						
	Mailing Address 14146 George Road				M M / D D / Y						
	City San Antonio	State TX		Zip Code 78231	Transaction ID : A2018-1816590 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			38.47						
	Name of Employer (for Individual) Select Medical Corporation			on (for Individual) rsing Officer	Memo Item						
	Receipt For:	1		r-to-Date ▼	_						
	Primary General Other (specify)		-	615.52							
s	UBTOTAL of Receipts This Page (optional)			•••••	269.25						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 OF 24 (check only one) Image: state s								
	ny information copied from such Reports and Sta for commercial purposes, other than using the n											
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC											
Α.	Full Name of Individual (Last, First, Middle Initia Jennings, Deborah, S, Ms.,	l) or Full Or	rganization Name	Date of Receipt								
	Mailing Address 14146 George Road			M M / D J Y								
	City San Antonio	State TX	Zip Code 78231	Transaction ID : A2018-1890683 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		38.47								
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) of Nursing Officer	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 653.99]								
в.	Full Name of Individual (Last, First, Middle Initia Jennings, Deborah, S, Ms.,	l) or Full Or	rganization Name	Date of Receipt								
Mailing Address 14146 George Road				09 07 2018								
	City San Antonio	State TX	Zip Code 78231	Transaction ID : A2018-1974425 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		38.47								
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ef Nursing Officer	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.46]								
С.	Full Name of Individual (Last, First, Middle Initia Jennings, Deborah, S, Ms.,	l) or Full Or	rganization Name	Date of Receipt								
	Mailing Address 14146 George Road			09 / 21 / Y Y Y Y 2018								
	City San Antonio	State TX	Zip Code 78231	Transaction ID : A2018-2130884 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		38.47								
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) f Nursing Officer	Memo Item								
	Receipt For: Primary General Other (specify)	1	Year-to-Date ▼ 730.93]								

 SUBTOTAL of Receipts This Page (optional).....
 115.41

 TOTAL This Period (last page this line number only).....
 1

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 OF 243 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC										
Α.	Full Name of Individual (Last, First, Middle Initia Jewett, Harry, M, Mr., III	al) or Full C	Drganization Name	Date of Receipt							
	Mailing Address 4 Parsons Farm Lane			08 10 / Y Y Y Y 08 10 2018							
	City	State	Zip Code	Transaction ID : A2018-1816647							
	Old Lyme	СТ	06371	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		76.93							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item							
	Receipt For:	Angregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		1230.88	1							
В.	Full Name of Individual (Last, First, Middle Initia Jewett, Harry, M, Mr., III	Drganization Name	Date of Receipt								
	Mailing Address 4 Parsons Farm Lane			08 24 2018							
	City	State	Zip Code	Transaction ID : A2018-1890739							
	Old Lyme	СТ	06371	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		76.93							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1307.81]							
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Jewett, Harry, M, Mr., III Date of Receipt											
	Mailing Address 4 Parsons Farm Lane			09 07 2018							
	City	State CT	Zip Code	Transaction ID : A2018-1974481							
	Old Lyme		06371	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		76.93							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item							
	Receipt For:		Year-to-Date ▼	-							
	Primary General Other (specify)		1384.74	1							
s	UBTOTAL of Receipts This Page (optional)			230.79							

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 102 OF 243 (check only one)							
			for each category of the Detailed Summary Page	Image: 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC										
Α.	Full Name of Individual (Last, First, Middle Initia Jewett, Harry, M, Mr., III	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 4 Parsons Farm Lane			09 21 2018							
	City Old Lyme	State CT	Zip Code 06371	Transaction ID : A2018-2130774 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		76.93							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1461.67]							
— R	Full Name of Individual (Last, First, Middle Initia Johnson, Glenn, S, ,	al) or Full C	Organization Name	Date of Receipt							
υ.	Mailing Address 201 SW Ascot Dr Suite 1050			08 10 2018							
	City Lees Summit	State MO	Zip Code 64082-4425	Transaction ID : A2018-1816552 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		19.24							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Director of Admissions - Inp	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 307.84]							
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Johnson, Glenn, S, , Date of Receipt											
	Mailing Address 201 SW Ascot Dr Suite 1050	Otata	7.0.4	08 / D D / Y Y Y Y Y 24 2018							
	City Lees Summit	State MO	Zip Code 64082-4425	Transaction ID : A2018-1890645 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		19.24							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Director of Admissions - Inp	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 327.08]							
s	UBTOTAL of Receipts This Page (optional)			115.41							

Image# 201810119124462836			
SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 OF 24 (check only one) 11a 11a 11b 13 14
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation P	PAC		
Full Name of Individual (Last, First, Middle Johnson, Glenn, S, ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 201 SW Ascot Dr Suite 1050			09 07 2018
City	State	Zip Code	Transaction ID : A2018-1974387
Lees Summit	MO	64082-4425	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		19.24
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) or Director of Admissions - Inp	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 346.32]
Full Name of Individual (Last, First, Middle Johnson, Glenn, S, , Mailing Address 201 SW Ascot Dr	e Initial) or Full O	rganization Name	Date of Receipt
Suite 1050			09 21 2018
City Lees Summit	State MO	Zip Code 64082-4425	Transaction ID : A2018-2130846 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		19.24
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Director of Admissions - Inp	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.56]
Full Name of Individual (Last, First, Middle C. Johnston, Gary, S, ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 8120 Viburnum Ct			08 10 / Y Y Y Y
City Tallahassee	State FL	Zip Code 32312-5701	Transaction ID : A2018-1816598 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.47

Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Select Medical Corporation	Chief Nursing Officer	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 615.52	

SUBTOTAL of Receipts This Page (optional)	L		y		7	_	7	6.95	
	E	1.1	 	 		-			
TOTAL This Period (last page this line number only)	L			 	-		_	-	_

-

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 104 OF

243

TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b	11c	12		17						
Any information copied from such Reports a or for commercial purposes, other than using				or the		pose o	f solicitir	ng contri	butio	ons						
NAME OF COMMITTEE (In Full) Select Medical Corporation I	PAC															
Full Name of Individual (Last, First, Middl A. Johnston, Gary, S, , Mailing Address 8120 Viburnum Ct City Tallahassee FEC ID number of contributing federal political committee.	State FL	State Zip Code FL 32312-5701					Date of Receipt 08 / 24 / 2018 Transaction ID : A2018-1890691 Amount of Each Receipt this Period 38.47									
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Chie	Ipation (for Individual) f Nursing Officer Year-to-Date ▼ 653.99]	M	lem	o Item										
Full Name of Individual (Last, First, Middl B. Johnston, Gary, S, , Mailing Address 8120 Viburnum Ct City	State	zganization Name		Date of Receipt 09 / 07 / 2018 Transaction ID : A2018-1974433												
Tallahassee FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For:	Chie					Amount of Each Receipt this Period 38.47 Memo Item										
Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middl C. Johnston, Gary, S, ,		, 692.46]	Date o	f Re	eceipt										
Mailing Address 8120 Viburnum Ct City Tallahassee FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Chie	Zip Code 32312-5701		09 Trans	sact t of	21 tion ID		this Peri	2							
SUBTOTAL of Receipts This Page (optional	al)	<u>, , , , , , , , , , , , , , , , , , , </u>				9	. ,	11	5.4′	1						

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

I I APR I I APR I I APR I

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 OF 243 (check only one) I1a X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	٩C									
Full Name of Individual (Last, First, Middle A. Jones, Darrell, L, Mr.,	Date of Receipt									
Mailing Address 106 Rundle Lane			M / D D / Y							
City Summerville	State SC	Zip Code 29483	Transaction ID : A2018-1816626 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		38.47							
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 615.52]							
Full Name of Individual (Last, First, Middle B. Jones, Darrell, L, Mr.,	Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 106 Rundle Lane										
City Summerville	State SC	Zip Code 29483	Transaction ID : A2018-1890718 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		38.47							
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 653.99]							
Full Name of Individual (Last, First, Middle C. Jones, Darrell, L, Mr.,	Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 106 Rundle Lane	04-4-	7.0.1	09 / D D / Y Y Y Y Y 2018							
City Summerville	State SC	Zip Code 29483	Transaction ID : A2018-1974460 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		38.47							
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 692.46]							
SUBTOTAL of Receipts This Page (optional).			115.41							

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

I I APR I I APR I I APR I

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 OF 243 (check only one) I1a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	AC										
Full Name of Individual (Last, First, Middle I A. Jones, Darrell, L, Mr., Mailing Address, 100 Dually Lass	nitial) or Full C	Organization Name	Date of Receipt								
Mailing Address 106 Rundle Lane	State	Zip Code	09 21 2018								
Summerville	SC	29483	Transaction ID : A2018-2130919 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		38.47								
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adr	upation (for Individual) ninistrator Year-to-Date 730.93	Memo Item								
B. Full Name of Individual (Last, First, Middle I Judd, Patricia, , Ms., Mailing Address 2 Pheasant Run	nitial) or Full C	Organization Name	Date of Receipt								
City Gladstone	State NJ	Zip Code 07934	08 10 2018 Transaction ID : A2018-1816564 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		19.24								
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307,84]								
Full Name of Individual (Last, First, Middle I C. Judd, Patricia, , Ms.,	nitial) or Full C	Organization Name	Date of Receipt								
Mailing Address 2 Pheasant Run			M M / D D / Y								
City Gladstone	State NJ	Zip Code 07934	Transaction ID : A2018-1890657 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		19.24								
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 327.08]								
SUBTOTAL of Receipts This Page (optional)			76.95								

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 OF 243 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and St for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;										
Α.	Full Name of Individual (Last, First, Middle Initi Judd, Patricia, , Ms.,	al) or Full C	Organization Name	Date of Receipt								
	Mailing Address 2 Pheasant Run			09 07 Y Y Y Y Y 2018								
	City	State	Zip Code	Transaction ID : A2018-1974399								
	Gladstone	NJ	07934	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		19.24								
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item								
	Receipt For:	Anareaate	Year-to-Date ▼	-								
	Primary General Other (specify) ▼		346.32	1								
В.	Full Name of Individual (Last, First, Middle Initi Judd, Patricia, , Ms.,	al) or Full C	Organization Name	Date of Receipt								
	Mailing Address 2 Pheasant Run			09 / 21 / 2018 Transaction ID : A2018-2130858								
	City	State	Zip Code									
	Gladstone	NJ	07934	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	19.24										
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.56									
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Keith, Christopher, D, ,	al) or Full C	Organization Name	Date of Receipt								
	Mailing Address 13 Hopper Dr.			08 / D D / Y Y Y Y 08 10 2018								
	City Goddard	State KS	Zip Code 67052	Transaction ID : A2018-1816620 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		38.47								
			upation (for Individual) ninistrator	Memo Item								
	Receipt For:		Year-to-Date ▼	-								
	Primary General Other (specify)		615.52									
s	UBTOTAL of Receipts This Page (optional)			76.95								

im	age# 201810119124462841												
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 OF 24 (check only one)									
	y information copied from such Reports and s for commercial purposes, other than using the			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С											
А.	Full Name of Individual (Last, First, Middle In Keith, Christopher, D, ,	itial) or Full C	Organization Name	Date of Receipt									
	Mailing Address 13 Hopper Dr.			M M / D / Y									
	City Goddard	State KS	Zip Code 67052	Transaction ID : A2018-1890712 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		38.47									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item									
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 653.99]									
В.	Full Name of Individual (Last, First, Middle In Keith, Christopher, D, , Mailing Address 13 Hopper Dr. City Goddard	State KS	Zip Code 67052	Date of Receipt 09 / 07 / 2018 Transaction ID : A2018-1974454 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		38.47									
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692,46]									
C.	Full Name of Individual (Last, First, Middle In Keith, Christopher, D, , Mailing Address 13 Hopper Dr.	itial) or Full C	Organization Name	Date of Receipt									
	City	State	Zip Code	09 21 2018 Transaction ID : A2018-2130913									
	Goddard	KS	67052	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		38.47									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 730.93	1									

SUBTOTAL of Receipts This Page (optional)			7		7		5.41	_]
TOTAL This Period (last page this line number only)	E		-,		-,		-	_]

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 OF 243 (check only one) I1a X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and Sta for commercial purposes, other than using the r												
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC												
Α.	Full Name of Individual (Last, First, Middle Initia Key, David, F, Mr.,	II Name of Individual (Last, First, Middle Initial) or Full Organization Name Key, David, F, Mr.,											
	Mailing Address 1750 Eliza Way			08 / D D / Y Y Y Y 2018									
	City	State PA	Zip Code 17050	Transaction ID : A2018-1816555									
	Mechanicsburg	FA	17050	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		76.93									
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
	Select Medical Corporation	Ser	nior Vice President										
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Primary General Other (specify) ▼		1230.88	1									
	Full Name of Individual (Last, First, Middle Initia Key, David, F, Mr.,	ll) or Full C	Organization Name	Date of Receipt									
	Mailing Address 1750 Eliza Way	08 24 2018											
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2018-1890648 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		76.93									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) nior Vice President	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1307.81]									
	Full Name of Individual (Last, First, Middle Initia Key, David, F, Mr.,	l) or Full C	Organization Name	Date of Receipt									
	Mailing Address 1750 Eliza Way			09 07 2018									
	City	State	Zip Code	Transaction ID : A2018-1974390									
	Mechanicsburg	PA	17050	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		76.93									
	Name of Employer (for Individual)		upation (for Individual)	Memo Item									
	Select Medical Corporation Receipt For:		ior Vice President										
	Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		1384.74]									
	JBTOTAL of Receipts This Page (optional)			230.79									

	aye# 201010119124402043													
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s)			E NUMBE ly one)	R:	PAGE	E 110 O	F 2	243			
	EWIZED RECEIPTS		for each category of the Detailed Summary Page	×	1 1a	11b		11c	12					
_					13	14		15	16		17			
	y information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA													
Α.	Full Name of Individual (Last, First, Middle In Key, David, F, Mr.,	itial) or Full C	rganization Name		Date c	of Receipt								
	Mailing Address 1750 Eliza Way				09		D 21	/ Y	2018	Y				
	City	State	Zip Code		Tran	saction II	D : A	2018-2 [.]	130849					
	Mechanicsburg	PA	17050		Amour	t of Each	Rec	eipt thi	is Period					
	FEC ID number of contributing federal political committee.	С				-		-97-	76.9	93				
	Name of Employer (for Individual)	Occ	upation (for Individual)		N	lemo Iten	ı							
	Select Medical Corporation	Ser	ior Vice President											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		4.404.07	11										
	Other (specify) v		1461.67											
в.	Full Name of Individual (Last, First, Middle In Kido, Robert, S, , Jr.	itial) or Full C	rganization Name		Date c	of Receipt								
	Mailing Address 1205 E Powderhorn Rd				MN	· / D	D	/ Y	YY	Y				
	Suite 1050				08		10		2018					
	City	State	Zip Code		Trans	saction II) : A	2018-18	316653					
	Mechanicsburg	PA	17050-2011		Amour	nt of Each	Rec	eipt thi	is Period					
	FEC ID number of contributing federal political committee.	С				-		-9	19.2	24				
	Name of Employer (for Individual)	Occ	upation (for Individual)		N	lemo Iten	ı							
	Select Medical Corporation	Dire	ector of Finance - LTACH											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General	00 0		- I -										
	Other (specify) v	L	, 307.84											
C.	Full Name of Individual (Last, First, Middle In Kido, Robert, S, , Jr.	itial) or Full C	rganization Name		Date c	of Receipt								
	Mailing Address 1205 E Powderhorn Rd				M N		D	/ Y	YY	Y				
	Suite 1050				08		24		2018	_				
	City	State	Zip Code		Tran	saction I	D : A	2018-1	890745					
	Mechanicsburg	PA	17050-2011		Amour	nt of Each	Rec	ceipt thi	is Period					
	FEC ID number of contributing federal political committee.	С				,		y	19.2	24				
	Name of Employer (for Individual)	000	upation (for Individual)	Memo Item										
	Select Medical Corporation													
	Receipt For:		ctor of Finance - LTACH Year-to-Date ▼											
		Ayyreyale												
	Primary General													

Г

	aye# 201010119124402044											
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the		R LINE			: P	AGE	111 0	DF 2	243
			Detailed Summary Page	×			11b	11	H	12		1
	y information copied from such Reports and S for commercial purposes, other than using the								iting o			17
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA											
Α.	Full Name of Individual (Last, First, Middle In Kido, Robert, S, , Jr.	itial) or Full O	Organization Name		Date o	of Re	ceipt					
	Mailing Address 1205 E Powderhorn Rd Suite 1050 City	State	Zip Code		09		07	·	Y	Y Y 2018	Y	
	Mechanicsburg	PA	17050-2011				on ID : Each I			Perioc	ł	
	FEC ID number of contributing federal political committee.	С							-	19	.24	
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ector of Finance - LTACH		N	1emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.32]								
в.	Full Name of Individual (Last, First, Middle In Kido, Robert, S, , Jr.	tial) or Full O	organization Name		Date c	of Re	ceipt					
	Mailing Address 1205 E Powderhorn Rd Suite 1050				^M 09	/	D 21	D /	Y	y y 2018	Y	
	City Mechanicsburg	State PA	Zip Code 17050-2011				on ID : Each I			30780 Perioc	ł	
	FEC ID number of contributing federal political committee.	С					,		<u> </u>	19	.24	
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ector of Finance - LTACH		N	1emo	Item					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) v		, 365.56									
C.	Full Name of Individual (Last, First, Middle In Kingston, Peggy, L, Mrs.,	itial) or Full O	Organization Name		Date o	of Re	ceipt					
	Mailing Address 228 Brewster	State	Zip Code		08 Tron		10 ion ID			2018	Y	
	Rochester Hills	MI	48309							Perioc	ł	
	FEC ID number of contributing federal political committee.	С			<u> </u>		,			19	.24	
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator		N	/lemo	Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 307.84	1								

SUBTOTAL of Receipts This Page (ontional)									5	57.72	2
SUBTOTAL of Receipts This Page (optional)	-	1	1	IJ.	1	1		1	1		
		1	1			1		1.1	1.1	1.1	1
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)

X 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Select Medical Corporation PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kingston, Peggy, L, Mrs., Α. Date of Receipt Mailing Address 228 Brewster 2018 08 24 City Zip Code State Transaction ID : A2018-1890643 MI Rochester Hills 48309 Amount of Each Receipt this Period FEC ID number of contributing С 19.24 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 327.08 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kingston, Peggy, L, Mrs., Date of Receipt Mailing Address 228 Brewster 09 2018 07 City State Zip Code Transaction ID : A2018-1974385 **Rochester Hills** MI 48309 Amount of Each Receipt this Period FEC ID number of contributing С 19.24 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation Administrator Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 346.32 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kingston, Peggy, L, Mrs., Date of Receipt Mailing Address 228 Brewster MM 09 21 2018 City State Zip Code Transaction ID : A2018-2130844 MI **Rochester Hills** 48309 Amount of Each Receipt this Period FEC ID number of contributing С 19.24 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 365.56 Other (specify) 57.72 SUBTOTAL of Receipts This Page (optional).....

100

-

-

243

PAGE 112 OF

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 OF 243 (check only one) I1a I1a 11b I3 14									
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;											
Α.	Full Name of Individual (Last, First, Middle Initia Knight, Wilma, D, Ms., Mailing Address 5167 Carlson Dairy Road	al) or Full C	Organization Name	Date of Receipt									
	City	State	Zip Code	08 10 2018 Transaction ID : A2018-1816622									
	Summerfield FEC ID number of contributing federal political committee.	C	27358	Amount of Each Receipt this Period									
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Adn	upation (for Individual) ninistrator Year-to-Date ▼ 1846.24	Memo Item									
в.	Full Name of Individual (Last, First, Middle Initia Knight, Wilma, D, Ms., Mailing Address 5167 Carlson Dairy Road	al) or Full C	Organization Name	Date of Receipt									
	City Summerfield FEC ID number of contributing federal political committee.	State NC	Zip Code 27358	Transaction ID : A2018-1890714 Amount of Each Receipt this Period 115.39									
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adr	eupation (for Individual) ministrator Year-to-Date ▼ 1961.63	Memo Item									
с.	Full Name of Individual (Last, First, Middle Initia Knight, Wilma, D, Ms., Mailing Address 5167 Carlson Dairy Road	al) or Full C	Organization Name	Date of Receipt									
	City Summerfield	State NC	Zip Code 27358	Transaction ID : A2018-1974456 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee. Name of Employer (for Individual)	C	upation (for Individual)	115.39 Memo Item									
	Select Medical Corporation Receipt For: Primary Other (specify)	Adm	Year-to-Date ▼ 2077.02										
s	UBTOTAL of Receipts This Page (optional)			▶ 346.17									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			for	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 114 OF 243 (check only one) Image: state stat										
	y information copied from such Reports and Sta for commercial purposes, other than using the r														
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC														
Α.	Full Name of Individual (Last, First, Middle Initia Knight, Wilma, D, Ms.,	al) or Full C	Drganiz	zation Name	Date of Receipt										
	Mailing Address 5167 Carlson Dairy Road				M / D / Y										
	City Summerfield	State NC	Z	Zip Code 27358	Transaction ID : A2018-2130915 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С													
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Adn	ministra		Memo Item										
	Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 2192.41											
В.	Full Name of Individual (Last, First, Middle Initia Kolarich, Deborah, A, ,	al) or Full C	Drganiz	zation Name	Date of Receipt										
	Mailing Address 2908 Poston Avenue	08 22 2018													
	City Nashville	State TN	Z	Zip Code 37203	Transaction ID : A2018-1883905 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			5000.00										
	Name of Employer (for Individual) Select Medical Corporation		cupatio ecutive	on (for Individual)	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 5000.00											
с.	Full Name of Individual (Last, First, Middle Initia Koppenhaver, Kathleen, W, ,	al) or Full C	Drganiz	zation Name	Date of Receipt										
	Mailing Address 28 Woodland Ave				08 / D = D / Y = Y = Y 08 10 2018										
	City Hershey	State PA		Zip Code 17033-2156	Transaction ID : A2018-1816651 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			76.93										
				n (for Individual) ident	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year	to-Date ▼ 1230.88											
s	UBTOTAL of Receipts This Page (optional)			\	5192.32										

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 OF 243 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17											
	y information copied from such Reports and Sta for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC														
A.	Full Name of Individual (Last, First, Middle Initia Koppenhaver, Kathleen, W, ,	ull Name of Individual (Last, First, Middle Initial) or Full Organization Name Koppenhaver, Kathleen, W, ,													
	Mailing Address 28 Woodland Ave			M / D / Y											
	City Hershey	State PA	Zip Code 17033-2156	Transaction ID : A2018-1890743											
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	e President Year-to-Date ▼ 1307.81	Memo Item											
В.	Full Name of Individual (Last, First, Middle Initia Koppenhaver, Kathleen, W, , Mailing Address 28 Woodland Ave	Date of Receipt													
	City Hershey FEC ID number of contributing federal political committee.	State PA	Zip Code 17033-2156	09 07 2018 Transaction ID : A2018-1974485 Amount of Each Receipt this Period 76.93											
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item											
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1384.74												
	Full Name of Individual (Last, First, Middle Initia Koppenhaver, Kathleen, W, ,	al) or Full C	Organization Name	Date of Receipt											
	Mailing Address 28 Woodland Ave			09 21 2018											
	City Hershey	State PA	Zip Code 17033-2156	Transaction ID : A2018-2130778 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		76.93											
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Vice	e President	Memo Item											
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1461.67												
s	JBTOTAL of Receipts This Page (optional)		•	230.79											

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 OF 243 (check only one) ************************************											
	information copied from such Reports and State or commercial purposes, other than using the r			erson for the purpose of soliciting contributions e to solicit contributions from such committee.											
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC														
	Full Name of Individual (Last, First, Middle Initia Kostelec, Wendy, R, ,	al) or Full C	Organization Name	Date of Receipt											
_	Mailing Address 4983 Saddlebrook Dr.			08 / D D / Y Y Y Y Y 2018											
	City Harrisburg	State PA	Zip Code 17112	Transaction ID : A2018-1816643 Amount of Each Receipt this Period											
	FEC ID number of contributing ederal political committee.	С		19.24											
5	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ector	Memo Item											
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.84]											
	Full Name of Individual (Last, First, Middle Initia Kostelec, Wendy, R, ,	al) or Full C	Organization Name	Date of Receipt											
-	Mailing Address 4983 Saddlebrook Dr.			08 24 2018											
	Dity Harrisburg	State PA	Zip Code 17112	Transaction ID : A2018-1890735 Amount of Each Receipt this Period											
	FEC ID number of contributing ederal political committee.	С		19.24											
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ector	Memo Item											
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 327.08]											
	Full Name of Individual (Last, First, Middle Initia Kostelec, Wendy, R, ,	al) or Full C	Organization Name	Date of Receipt											
_	Mailing Address 4983 Saddlebrook Dr.			09 / D D / Y Y Y Y Y 2018											
	City Harrisburg	State PA	Zip Code 17112	Transaction ID : A2018-1974477 Amount of Each Receipt this Period											
	FEC ID number of contributing ederal political committee.	С		19.24											
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ector	Memo Item											
Ē	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		346.32	1											
su	BTOTAL of Receipts This Page (optional)			57.72											

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

I I APR I I APR I I APR I

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 117 OF 243											
	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17											
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions											
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;													
<u>к</u>	Full Name of Individual (Last, First, Middle Initi Kostelec, Wendy, R, ,	al) or Full C	Organization Name	Date of Receipt											
	Mailing Address 4983 Saddlebrook Dr.			09 / D D / Y Y Y Y 21 2018											
	City Harrisburg	State PA	Zip Code 17112	Transaction ID : A2018-2130770 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) actor	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.56]											
В.	Full Name of Individual (Last, First, Middle Initi Kozorosky, Laurie, , Mrs.,	al) or Full C	Organization Name	Date of Receipt											
	Mailing Address 1278 W 9th St	08 / D D / Y Y Y Y 08 10 2018													
	Cleveland	State OH	Zip Code 44113-1028	Transaction ID : A2018-1816687 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		19.24											
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ministrator	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.84]											
	Full Name of Individual (Last, First, Middle Initi Kozorosky, Laurie, , Mrs.,	al) or Full C	Organization Name	Date of Receipt											
0.	Mailing Address 1278 W 9th St			08 24 2018											
	City Cleveland	State OH	Zip Code 44113-1028	Transaction ID : A2018-1890779 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		19.24											
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item											
	Receipt For: Primary General Other (specify)	Year-to-Date ▼ 327.08]												
s	UBTOTAL of Receipts This Page (optional)			57.72											

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 118 OF

				r each category of the etailed Summary Page	×	-	11a 13] 1 [,]	1b 4		11c 15	\vdash	12 16	17			
	y information copied from such Reports and State for commercial purposes, other than using the na					fo	r the		po	se of		oliciting	con	tribut	ions			
\rangle	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC																	
Α.	Full Name of Individual (Last, First, Middle Initial) Kozorosky, Laurie, , Mrs., Mailing Address 1278 W 9th St					[ate o 09	/	l	D [] 07		/ Y	20	1	Ŷ			
	City Cleveland	State OH	· ·	Zip Code 44113-1028	-							2018-19						
	EFC ID number of contribution	С			Amount of Each Receipt this Period													
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Adm	inisti		Memo Item													
	Primary General Other (specify) ▼	ary General Aggregate Teat-to-Date V																
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kozorosky, Laurie, , Mrs.,						Date of Receipt											
	Mailing Address 1278 W 9th St							09 21 Y Y Y Y 2018										
	City Cleveland	State OH		Zip Code 44113-1028	_				-			2 018-21 eipt thi						
	FEC ID number of contributing federal political committee.	C										7		19.2	4			
	Name of Employer (for Individual) Select Medical Corporation	upatio ninist	on (for Individual) rator		1	М	emc	o It	em									
	Receipt For: A Primary General Other (specify) ▼	Aggregate `	Year	to-Date ▼ 365.56														
с.	Full Name of Individual (Last, First, Middle Initial) Kundu, Nabarun, , ,	or Full Or	rgani	zation Name		D	ate o	f Re	ece	ipt								
	Mailing Address 955 Bluff Ridge Dr		_			Γ	08	1	l	D 10		/ Y	201	18 [°]	Ŷ			
	City Columbus	State OH		Zip Code 43235-1725	-							2018-18						
	FEC ID number of contributing	C		49203-1123		Amount of Each Receipt this Period												
	Name of Employer (for Individual) Select Medical Corporation	Occu Admi	•	on (for Individual) ator		Memo Item												
	Receipt For: A Primary General Other (specify)	Aggregate `	Year	to-Date ▼ 1846.24														
s	UBTOTAL of Receipts This Page (optional)			•		[y	-	-	9		153.8	7			
T	OTAL This Period (last page this line number only	/)		••••••		L			-			-	_					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119 OF 243 (check only one) Image: Compare the second secon
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Kundu, Nabarun, , ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 955 Bluff Ridge Dr	Otata	Zie Oarde	08 / D D / Y Y Y Y 2018
	City Columbus	State OH	Zip Code 43235-1725	Transaction ID : A2018-1890750 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1961.63	
	Full Name of Individual (Last, First, Middle Initia Kundu, Nabarun, , ,	al) or Full C	Drganization Name	Data of Passint
В.	Mailing Address 955 Bluff Ridge Dr	Date of Receipt 09 07 2018		
	City Columbus	State OH	Zip Code 43235-1725	Transaction ID : A2018-1974492 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2077.02	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Kundu, Nabarun, , ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 955 Bluff Ridge Dr			09 21 2018
	City Columbus	State OH	Zip Code 43235-1725	Transaction ID : A2018-2130785 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ninistrator	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2192.41	
s	UBTOTAL of Receipts This Page (optional)			346.17

	age# 201010113124402000			
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 OF 243 (check only one) Image: state sta
	for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C		
A.	Full Name of Individual (Last, First, Middle In Kurmakov, Aleksey, N, Mr.,	itial) or Full O	rganization Name	Date of Receipt
	Mailing Address 2409 W Bayberry Dr			M M / D / Y
	City Harrisburg	State PA	Zip Code 17112-1040	Transaction ID : A2018-1816690 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1846.24	
В.	Full Name of Individual (Last, First, Middle In Kurmakov, Aleksey, N, Mr., Mailing Address 2409 W Bayberry Dr City	itial) or Full O	Zip Code	Date of Receipt
	Harrisburg FEC ID number of contributing federal political committee.	PA	17112-1040	Transaction ID : A2018-1890782 Amount of Each Receipt this Period 115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) iior Vice President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1961.63	
С.	Full Name of Individual (Last, First, Middle In Kurmakov, Aleksey, N, Mr.,	itial) or Full O	rganization Name	Date of Receipt
	Mailing Address 2409 W Bayberry Dr			09 / D D / Y Y Y Y 09 07 2018
	City Harrisburg	State PA	Zip Code 17112-1040	Transaction ID : A2018-1974524 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2077.02	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		fc	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 OF 243 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Kurmakov, Aleksey, N, Mr.,	al) or Full C	Organ	ization Name	Date of Receipt
	Mailing Address 2409 W Bayberry Dr	09 / D / Y Y Y 2018			
	City Harrisburg	State PA		Zip Code 17112-1040	Transaction ID : A2018-2130817 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) /ice President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year	r-to-Date ▼ 2192.41	
В.	Full Name of Individual (Last, First, Middle Initia Lacey, Mary, B, ,	al) or Full C	Organ	ization Name	Date of Receipt
υ.	Mailing Address 44 Sunfire Avenue	08 10 2018			
	City Camp Hill	State PA		Zip Code 17011	Transaction ID : A2018-1816560 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) esident	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 1846.24	
с.	Full Name of Individual (Last, First, Middle Initia Lacey, Mary, B, ,	al) or Full C	Organ	ization Name	Date of Receipt
	Mailing Address 44 Sunfire Avenue				08 / D / Y Y Y Y 08 24 2018
	City Camp Hill	State PA		Zip Code 17011	Transaction ID : A2018-1890653 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) sident	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	r-to-Date ▼ 1961.63		
s	UBTOTAL of Receipts This Page (optional)				346.17

im	age# 201810119124462655											
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		FOR LIN (check or			: P	PAGE	122 OI	F 243			
			for each category of the Detailed Summary Page	X 11a	11	1b 🛛	11	Ic [12			
_				13	14	4	15	5	16	17		
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements m e name and a	ay not be sold or used by any p address of any political committe	erson for the	Purpos ontributi	se of ions	f solic from :	iting of such	contribut committe	ions ee.		
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С										
Α.	Full Name of Individual (Last, First, Middle In Lacey, Mary, B, ,	itial) or Full C	Organization Name	Date of Receipt								
	Mailing Address 44 Sunfire Avenue			M 09		D 07		Y	ү ү 2018	Ŷ		
	City	State	Zip Code	Tran	sactior	n ID :	: A201	18-19	74395			
	Camp Hill	PA	17011	Amou	nt of Ea	ach F	Receip	ot this	Period			
	FEC ID number of contributing federal political committee.	С							115.3	39		
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President		Memo It	tem						
	Receipt For:											
	Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		2077.02									
В.	Full Name of Individual (Last, First, Middle In Lacey, Mary, B, ,	itial) or Full C	Organization Name	Date	of Rece	eipt						
	Mailing Address 44 Sunfire Avenue			M 09		D 1		Y	у у 2018	Y		
	City	State	Zip Code	Tran	saction	ו ID :	A201	18-213	30854			
	Camp Hill	PA	17011	Amou	nt of Ea	ach F	Receip	ot this	Period			
	FEC ID number of contributing federal political committee.	С							115.3	39		
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	M	Vemo It	tem						
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General			1								
	Other (specify) v		, 2192,41									
C.	Full Name of Individual (Last, First, Middle In Lewandowski, Bernard, , Mr.,	itial) or Full C	Organization Name	Date	of Rece	eipt						
	Mailing Address 26 Joseph Drive			M 08		D 10		Y	2018 Y	Ŷ		
	City	State	Zip Code	Trar	nsactior	n ID :	: A201	18-18	16551			
	Boiling Springs	PA	17007	Amou	nt of Ea	ach F	Receip	ot this	Period			
	FEC ID number of contributing federal political committee.	С			. ,			, .	115.3			
	Name of Employer (for Individual)	000	upation (for Individual)	- П	Memo It	tem						
	Select Medical Corporation		ior Vice President									
	Receipt For:		Year-to-Date ▼									
	Primary General	Aggregate										
	Other (specify)		1846.24	1								

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 OF 243 (check only one) 11a 11a 11b 13 14 15 16 17							
	y information copied from such Reports and Sta for commercial purposes, other than using the n										
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC										
Α.	Full Name of Individual (Last, First, Middle Initia Lewandowski, Bernard, , Mr.,	l) or Full C	Drganization Name	Date of Receipt							
	Mailing Address 26 Joseph Drive			08 / D D / Y Y Y Y 08 24 2018							
	City	State	Zip Code	Transaction ID : A2018-1890644							
	Boiling Springs	PA	17007	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.39							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President	Memo Item							
	Receipt For:	Aggregate	e Year-to-Date ▼								
	Primary General Other (specify) ▼		1961.63]							
в.	Full Name of Individual (Last, First, Middle Initia Lewandowski, Bernard, , Mr.,	l) or Full C	Drganization Name	Date of Receipt							
	Mailing Address 26 Joseph Drive	09 07 2018									
	City Boiling Springs	State PA	Zip Code 17007	Transaction ID : A2018-1974386 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.39							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President	Memo Item							
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1							
	Other (specify)	L	2077.02								
C.	, , , ,	l) or Full C	Drganization Name	Date of Receipt							
	Mailing Address 26 Joseph Drive	1-		09 / D D / Y Y Y Y 2018							
	City Boiling Springs	State PA	Zip Code 17007	Transaction ID : A2018-2130845							
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 115.39							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President	Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify)		2192.41]							
s	UBTOTAL of Receipts This Page (optional)			346.17							

Ima	age# 201810119124462857									
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	-	LINE N k only	NUMBEI one)	7:	PAG	E 124 C	DF 243
			Detailed Summary Page		11a	11b		11c	12	_
					13	14		15	16	17
or	y information copied from such Reports and s for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA									
Α.	Full Name of Individual (Last, First, Middle In Lindley, Lauren, B, Ms.,	iitial) or Full (Organization Name	Da	ate of I	Receipt				
	Mailing Address 36 Indian Bayou Drive				08	/ D 1	D 7	/ Y	ү 2018	Y
	City	State	Zip Code	-	Transa	ction ID	: A2	2018-1	874252	
	Destin	FL	32541	Ar	mount	of Each	Rec	eipt th	nis Period	ł
	FEC ID number of contributing federal political committee.	С				-7		Ţ	38	.47
	Name of Employer (for Individual)		cupation (for Individual)	10	Mer	mo Item	I			
	Select Medical Corporation	Vic	e President of Operations							
	Receipt For:	Aggregate	e Year-to-Date 🔻							
	Primary General		653.99							
	Other (specify)									
	Full Name of Individual (Last, First, Middle In Lindley, Lauren, B, Ms.,	iitial) or Full (Organization Name	Da	ate of I	Receipt				
	Mailing Address 36 Indian Bayou Drive				08	/ D 3	D 81	/ Y	2018	Y
	City	State	Zip Code		Transa	ction ID	: A2	2018-1	920005	
	Destin	FL	32541	Ar	mount	of Each	Rec	eipt th	nis Period	ł
	FEC ID number of contributing federal political committee.	С				7		-	38	.47
	Name of Employer (for Individual)	00	cupation (for Individual)	-	Mer	mo Item	i			
	Select Medical Corporation		ce President of Operations							
	Receipt For:	Aggrogato	e Year-to-Date ▼							
	Primary General	Aggregate		- 1						
	Other (specify)	L	692.46							
c.	Full Name of Individual (Last, First, Middle In Lindley, Lauren, B, Ms.,	iitial) or Full (Organization Name	Da	ate of	Receipt				
	Mailing Address 36 Indian Bayou Drive				09 ^M	/ D 1	р 4	/ Y	2018	Y
	City	State	Zip Code	-	Transa	ction ID) : A2	2018-2	118301	
	Destin	FL	32541	Ar	mount	of Each	Rec	eipt th	nis Period	ł
	FEC ID number of contributing federal political committee.	С				9		9	38	.47
				- F	Mo	mo Item				
	Name of Employer (for Individual)		cupation (for Individual)	_ L	IVIEI	no item				
	Select Medical Corporation Receipt For:		e President of Operations							
	Primary General	Aggregate	e Year-to-Date ▼							
	Other (specify)		730.93							

	-							-	
SUBTOTAL of Receipts This Page (optional)						11	5.41	l .	
Sobrotal of fieldelpts this rage (optional)	-		J.						
				 	 			-	1
TOTAL This Period (last page this line number only)			-	 	 		-		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 OF 243 (check only one) 11a 11a 11b 13 14 15 16 17
	ny information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
Α.	Full Name of Individual (Last, First, Middle Initi Lindley, Lauren, B, Ms.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 36 Indian Bayou Drive	Ototo	Zin Oada	09 / 28 / 2018
	City Destin	State FL	Zip Code 32541	Transaction ID : A2018-2168655
	FEC ID number of contributing federal political committee.	С	32341	Amount of Each Receipt this Period 38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ce President of Operations	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 769.40	
в.	Full Name of Individual (Last, First, Middle Initi Lopez, Elvira, , Ms.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 100 Oakdale	08 / D D / Y Y Y Y 08 10 2018		
	City Floresville	State TX	Zip Code 78114	Transaction ID : A2018-1816580 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) rector of Case Management	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 307.84	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Lopez, Elvira, , Ms.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 100 Oakdale			08 / D D / Y Y Y Y 08 24 2018
	City Floresville	State TX	Zip Code 78114	Transaction ID : A2018-1890673 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ector of Case Management	Memo Item
	Receipt For:	1	e Year-to-Date ▼	
	Primary General Other (specify)	, ggi ogale	327.08	
s	UBTOTAL of Receipts This Page (optional)			76.95

1 1 4p 1 1 4p 1 1 4p 1

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

L

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	fo	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 126 OF 243 (check only one)		
Any information copied from such Reports and St or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full) Select Medical Corporation PAC					
Full Name of Individual (Last, First, Middle Initi A. Lopez, Elvira, , Ms., Mailing Address 100 Oakdale	al) or Full Organi	zation Name	Date of Receipt		
City	State Z	Zip Code 78114	09 07 2018 Transaction ID : A2018-1974415		
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period		
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	· ·	on (for Individual) of Case Management to-Date ▼ 346.32	Memo Item		
Full Name of Individual (Last, First, Middle Initi B. Lopez, Elvira, , Ms., Mailing Address 100 Oakdale	al) or Full Organi	zation Name	Date of Receipt		
City Floresville FEC ID number of contributing federal political committee.	number of contributing				
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	-	on (for Individual) of Case Management to-Date ▼ 365.56	Memo Item		
Full Name of Individual (Last, First, Middle Initi C. Lutes, Adriane, L, Mrs.,	al) or Full Organi		Date of Receipt		
Mailing Address 23 River Chase Way			08 / D D / Y Y Y Y 2018		
City Ormond Beach	State Z	Zip Code 32174	Transaction ID : A2018-1816681 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		19.24		
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Aggregate Year-		Memo Item		
SUBTOTAL of Receipts This Page (optional)			57.72		

TOTAL This Period (last page this line number only)	L		-	 	- 7-	 _	-	

0				
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 127 OF 243 (check only one)
IT	EMIZED RECEIPTS		for each category of the	≭ 11a ☐ 11b ☐ 11c ☐ 12
			Detailed Summary Page	
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
/	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Proanization Name	
Α.	Lutes, Adriane, L, Mrs.,	,	- g	Date of Receipt
	Mailing Address 23 River Chase Way			08 / D D / Y Y Y Y 08 24 2018
	City	State	Zip Code	Transaction ID : A2018-1890773
	Ormond Beach	FL	32174	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation	Adr	ninistrator	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		207.00	1
	Other (specify) v		327.08	1
	Full Name of Individual (Last, First, Middle Initia	al) or Full (Tragnization Name	
в.	Lutes, Adriane, L, Mrs.,		nganization Name	Date of Receipt
	Mailing Address 23 River Chase Way			
				09 07 2018
	City	State	Zip Code	Transaction ID : A2018-1974515
	Ormond Beach	FL	32174	Amount of Each Receipt this Period
	FEC ID number of contributing	С		19.24
	federal political committee.	U		
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General			1
	Other (specify) v	L	346.32	
C.	Full Name of Individual (Last, First, Middle Initia Lutes, Adriane, L, Mrs.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 23 River Chase Way			09 / 21 2018
	City Ormond Beach	State FL	Zip Code 32174	Transaction ID : A2018-2130808
		1	32174	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General	00 0		1
_	Other (specify)		365.56	
s	UBTOTAL of Receipts This Page (optional)			57.72

I I APR I I APR I I APR I

	-													
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 11a 13		: PAGE	128 OF	243						
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the	purpose of	f soliciting	contributi	ons						
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA													
Α.	Full Name of Individual (Last, First, Middle Ini Mach, Robert, W, Mr.,	tial) or Full O	Organization Name	Date of	Receipt									
	Mailing Address 8270 Castles Ct			M M 08	M M / D D / Y Y Y Y									
	City Kalamazoo	State MI	Zip Code 49009		action ID : t of Each F									
	FEC ID number of contributing federal political committee.	C			-	-	38.47							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	M	emo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 615.52]										
в.	Full Name of Individual (Last, First, Middle Ini Mach, Robert, W, Mr.,	tial) or Full O	Organization Name	Date of	Receipt									
	Mailing Address 8270 Castles Ct			M M 08	/ D 24		2018	Y						
	City Kalamazoo	State MI	Zip Code 49009		action ID : t of Each F			_						
	FEC ID number of contributing federal political committee.	С			-	-	38.4	7						
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator	M	emo Item									
	Receipt For: Primary General	Aggregate	Year-to-Date V											
	Other (specify) ▼	L	653.99											
C.	Full Name of Individual (Last, First, Middle Ini Mach, Robert, W, Mr.,	tial) or Full O	Organization Name	Date of	Receipt									
	Mailing Address 8270 Castles Ct		7.0.1	09 	07		2018	Y						
	City Kalamazoo	State MI	Zip Code 49009		action ID									
	FEC ID number of contributing federal political committee.	С				· ·	38.4	7						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	M	emo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 692.46]										
	· · · · · · · · · · · · · · · · · · ·													

SUBTOTAL of Receipts This Page (optional)	L							11	15.41	1
	F	-	,	-	-	,	-	-		
TOTAL This Period (last page this line number only)	L		 -			-			-	

i

S	CHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 129 OF 243					
ITEMIZED RECEIPTS			f	Jse separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17					
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	ay ne	ot be sold or used by any pe ess of any political committee	erson for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC									
A.	Full Name of Individual (Last, First, Middle Initia Mach, Robert, W, Mr.,	al) or Full C	Drgar	nization Name	Date of Receipt					
	Mailing Address 8270 Castles Ct				09 / D / Y Y Y Y 21 2018					
	City Kalamazoo	State MI		Zip Code 49009	Transaction ID : A2018-2130792 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			38.47					
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) trator	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 730.93						
В.	Full Name of Individual (Last, First, Middle Initia Madonna, Andrea, L, Mrs.,	al) or Full C	Drgar	nization Name	Date of Receipt					
	Mailing Address 1350 Skelp Level Road				08 10 2018					
	City Downingtown	State PA		Zip Code 19335	Transaction ID : A2018-1816642 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			38.47					
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) esident	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 615.52						
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Madonna, Andrea, L, Mrs.,	al) or Full C	Drgar	nization Name	Date of Receipt					
	Mailing Address 1350 Skelp Level Road				08 / D D / Y Y Y Y 2018					
	City Downingtown	State PA		Zip Code 19335	Transaction ID : A2018-1890734 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			38.47					
	Name of Employer (for Individual) Select Medical Corporation			ion (for Individual) sident	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 653.99						
s	UBTOTAL of Receipts This Page (optional)			••••••	115.41					

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

I I APR I I APR I I APR I

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		fo	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 OF 243 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and Sta for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC									
Α.	Full Name of Individual (Last, First, Middle Initi Madonna, Andrea, L, Mrs.,	al) or Full C	Drgan	ization Name	Date of Receipt					
	Mailing Address 1350 Skelp Level Road				09 07 2018					
	City Downingtown	State PA		Zip Code 19335	Transaction ID : A2018-1974476 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			38.47					
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	e Pre	ion (for Individual) sident r-to-Date ▼ 692.46	Memo Item					
в.	Full Name of Individual (Last, First, Middle Initi Madonna, Andrea, L, Mrs., Mailing Address 1350 Skelp Level Road	Date of Receipt								
	City Downingtown FEC ID number of contributing	State PA	_	Zip Code 19335	09 21 2018 Transaction ID : A2018-2130769 Amount of Each Receipt this Period 38.47					
	federal political committee. Name of Employer (for Individual) Select Medical Corporation	Occ	•	ion (for Individual)	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 730.93						
с.	Full Name of Individual (Last, First, Middle Initi Malatesta, Michael, F, Mr.,	al) or Full C	Organ	ization Name	Date of Receipt					
	Mailing Address 4145 Serenity Street	Ctata		Zin Code						
	City Schwenksville	State PA		Zip Code 19473	Transaction ID : A2018-1816702 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			115.39					
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) ice President	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 1846.24						
s	UBTOTAL of Receipts This Page (optional)			••••••	192.33					

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 OF 243 (check only one) Image: Check only one in the image: Check one in the image: Chec						
	y information copied from such Reports and Sta for commercial purposes, other than using the r									
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC									
Α.	Full Name of Individual (Last, First, Middle Initia Malatesta, Michael, F, Mr.,	l) or Full C	Organization Name	Date of Receipt						
	Mailing Address 4145 Serenity Street	1-		08 / D D / Y Y Y Y 2018						
	City Schwenksville	State PA	Zip Code 19473	Transaction ID : A2018-1890628 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		115.39						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) nior Vice President	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1961.63]						
в.	Full Name of Individual (Last, First, Middle Initia Malatesta, Michael, F, Mr.,	l) or Full C	Organization Name	Date of Receipt						
	Mailing Address 4145 Serenity Street			09 07 2018						
	City Schwenksville	State PA	Zip Code 19473	Transaction ID : A2018-1974370 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		115.39						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) nor Vice President	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2077.02]						
с.	Full Name of Individual (Last, First, Middle Initia Malatesta, Michael, F, Mr.,	l) or Full C	Organization Name	Date of Receipt						
	Mailing Address 4145 Serenity Street	Ctoto	Zin Code	09 / D D / Y Y Y Y 2018						
	City Schwenksville	State PA	Zip Code 19473	Transaction ID : A2018-2130829 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		115.39						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2192.41]						
s	UBTOTAL of Receipts This Page (optional)			346.17						

1 1 4p 1 1 4p 1 1 4p 1

S	CHEDULE A (FEC Form 3X)		[FOR LINE NUMBER: PAGE 132 OF 243					
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	X 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;							
Α.	Full Name of Individual (Last, First, Middle Initi Mann, Brian, , Mr.,	al) or Full C	rganization Name	Date of Receipt					
	Mailing Address 1060 Trevorton Road			08 / D D / Y Y Y Y 08 10 2018					
	City Coal Township	State PA	Zip Code 17866	Transaction ID : A2018-1816568 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		19.24					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.84]					
в.	Full Name of Individual (Last, First, Middle Initi Mann, Brian, , Mr.,	al) or Full C	rganization Name	Date of Receipt					
	Mailing Address 1060 Trevorton Road		M M / D / Y						
	City Coal Township	State PA	Zip Code 17866	Transaction ID : A2018-1890661 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		19.24					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 327.08]					
	Full Name of Individual (Last, First, Middle Initi Mann, Brian, , Mr.,	al) or Full C	rganization Name	Date of Receipt					
0.	Mailing Address 1060 Trevorton Road			09 07 2018					
	City Coal Township	State PA	Zip Code 17866	Transaction ID : A2018-1974403 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		19.24					
	Name of Employer (for Individual) Select Medical Corporation	upation (for Individual) ninistrator	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 346.32]					
s	UBTOTAL of Receipts This Page (optional)			57.72					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 OF 243 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Select Medical Corporation P/	٩C						
A. Full Name of Individual (Last, First, Middle Mann, Brian, , Mr., Mailing Address 1060 Trevorton Road	Initial) or Full C	Organization Name	Date of Receipt				
City Coal Township	State PA	Zip Code 17866	Transaction ID : A2018-2130862 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		19.24				
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adr	upation (for Individual) ninistrator Year-to-Date ▼ 365.56	Memo Item				
B. Full Name of Individual (Last, First, Middle Marks, Kendra, K, Mrs., Mailing Address 6035 Hilmar Dr	Initial) or Full C	Organization Name	Date of Receipt				
City Westerville FEC ID number of contributing federal political committee.	State OH	Zip Code 43082-9363	08 10 2018 Transaction ID : A2018-1816601 Amount of Each Receipt this Period 19.24				
Name of Employer (for Individual) Select Medical Corporation Receipt For: □ Primary □ General ○ Other (specify)	Adı	upation (for Individual) ministrator Year-to-Date ▼ 307.84	Memo Item				
C. Hull Name of Individual (Last, First, Middle Marks, Kendra, K, Mrs., Mailing Address 6035 Hilmar Dr	Initial) or Full C	Organization Name	Date of Receipt				
City Westerville	State OH	Zip Code 43082-9363	08 24 2018 Transaction ID : A2018-1890694 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		19.24				
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Adn	upation (for Individual) ninistrator Year-to-Date ▼ 327.08	Memo Item				
SUBTOTAL of Receipts This Page (optional).			57.72				

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

	age# 201010119124402007											
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS					FOR LINE NUMBER: PAGE 134 OF (check only one)							
			Detailed Summary Page		11a 🗌	11b	11c	12	_			
		<u></u>	<u> </u>		13	14	15	16	17			
	y information copied from such Reports and for commercial purposes, other than using th											
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С										
Α.	Full Name of Individual (Last, First, Middle Ir Marks, Kendra, K, Mrs.,	nitial) or Full C	Organization Name	Da	ate of R	eceipt						
	Mailing Address 6035 Hilmar Dr				09 07 2018							
	City Westerville	State OH	Zip Code 43082-9363			t ion ID : f Each Re						
	FEC ID number of contributing federal political committee.	С				-	-	19.	_			
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator		Mem	io Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.32]								
В.	Full Name of Individual (Last, First, Middle Ir Marks, Kendra, K, Mrs., Mailing Address 6035 Hilmar Dr	l hitial) or Full C	Organization Name		ate of R	eceipt	/ Y	2018	Y			
	City Westerville	State OH	Zip Code 43082-9363		Transaction ID : A2018-2130895 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С						19.	.24			
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator		Mem	io Item						
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) v		365.56	J								
C.	Full Name of Individual (Last, First, Middle Ir Marshall, Christopher, L, Mr.,	iitial) or Full C	Organization Name	Da	ate of R	leceipt						
	Mailing Address 4966 Cline Hollow Road				08	/ D D D 10	/ Y	2018	Y			
	City Export	State PA	Zip Code 15632			tion ID :			1			
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President		Memo Item							
	Receipt For:		Year-to-Date V									
	Other (specify)		307.84									

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 OF 243 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions ee to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC									
Α.	Full Name of Individual (Last, First, Middle Initi Marshall, Christopher, L, Mr., Mailing Address 4966 Cline Hollow Road	al) or Full C	Organization Name	Date of Receipt						
	City	State	Zip Code	Transaction ID : A2018-1890785						
	Export	PA	15632	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		19.24						
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Ser	upation (for Individual) nior Vice President Year-to-Date ▼ 327.08	Memo Item						
В.	Full Name of Individual (Last, First, Middle Initi Marshall, Christopher, L, Mr., Mailing Address 4966 Cline Hollow Road	Date of Receipt								
	City	09 07 2018								
	Export	State PA	Zip Code 15632	Transaction ID : A2018-1974527 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		19.24						
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.32]						
<u> </u>	Full Name of Individual (Last, First, Middle Initi Marshall, Christopher, L, Mr.,	al) or Full C	Organization Name	Date of Receipt						
	Mailing Address 4966 Cline Hollow Road			09 21 2018						
	City Export	State PA	Zip Code 15632	Transaction ID : A2018-2130820 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		19.24						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President	Memo Item						
	Receipt For: Primary General Other (specify)									
s	UBTOTAL of Receipts This Page (optional)			57.72						

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 OF 243 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
A.	Full Name of Individual (Last, First, Middle Initi McAlister, Michael, H, Mr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 4 Brighton Court			08 / D D / Y Y Y Y 2018
	City Heath	State TX	Zip Code 75032	Transaction ID : A2018-1816605 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adr	eupation (for Individual) ministrator Year-to-Date ▼ 1173.19	Memo Item
в.	Full Name of Individual (Last, First, Middle Initi McAlister, Michael, H, Mr., Mailing Address 4 Brighton Court	Date of Receipt		
	City Heath FEC ID number of contributing	State TX	Zip Code 75032	Transaction ID : A2018-1890698 Amount of Each Receipt this Period 19.24
	federal political committee. Name of Employer (for Individual) Select Medical Corporation	Occ	cupation (for Individual) ministrator	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1192.43]
с.	Full Name of Individual (Last, First, Middle Initi McAlister, Michael, H, Mr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 4 Brighton Court			09 / D D / Y Y Y Y 09 07 2018
	City Heath	State TX	Zip Code 75032	Transaction ID : A2018-1974440 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Adn	upation (for Individual) ninistrator Year-to-Date ▼ 1211.67	Memo Item
s	UBTOTAL of Receipts This Page (optional)	<u></u>	-92 - 92 - 42	57.72

I I APR I I APR I I APR I

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 137 OF

243

TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17							
Any information copied from such Reports or for commercial purposes, other than u		erson for	r the		oose o	f soliciting	g contribu	tions								
NAME OF COMMITTEE (In Full) Select Medical Corporation	-															
Full Name of Individual (Last, First, Mi A. McAlister, Michael, H, Mr.,	ddle Initial) or Full O	rganization Name	Da	ate of	f Red	ceipt										
Mailing Address 4 Brighton Court			_ [м м 09	/	21		2018	Y							
City Heath	State TX	Zip Code 75032					: A2018-2 Receipt th	2130899 his Period								
FEC ID number of contributing federal political committee.	С					,	-	19.	_							
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator		M	emo	Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1230.91	1													
Full Name of Individual (Last, First, Mi B. McCarter, Donald, B, ,	ddle Initial) or Full O	rganization Name	Da	ate of	f Red	ceipt										
Mailing Address 606 Harvest Drive								08 10 2018								
City Telford	State PA	Zip Code 18969-2200		Transaction ID : A2018-1816701												
FEC ID number of contributing federal political committee.	C		Ar	Amount of Each Receipt this Period												
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President		Memo Item												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1230.88]													
Full Name of Individual (Last, First, Mi C. McCarter, Donald, B, ,	ddle Initial) or Full O	rganization Name	Da	ate of	f Red	ceipt										
Mailing Address 606 Harvest Drive				08	1	D 24		ү ү 2018	Y							
City Telford	State PA	Zip Code 18969-2200					: A2018-1 Receipt th	1890793 his Period								
FEC ID number of contributing federal political committee.	С		ļ			y .	y	76.	93							
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President		M	emo	Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1307.81]													
SUBTOTAL of Receipts This Page (option	onal)					,	9	173.	10							

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

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 138 OF

IT!			Use separate schedule(s)	(C	(check only one)								
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		¥ 11a 13		11b 14	11c		12 16	17	7	
	y information copied from such Reports and Stat for commercial purposes, other than using the n											_	
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC												
A.	Full Name of Individual (Last, First, Middle Initial McCarter, Donald, B, ,) or Full O	Drganization Name		Date o	f Re	eceipt						
	Mailing Address 606 Harvest Drive				09 07 2018								
	City Telford	State PA	Zip Code 18969-2200					A2018-					
	FEC ID number of contributing federal political committee.	С								76.93	3		
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President		М	emc	tem						
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 13													
в.	Full Name of Individual (Last, First, Middle Initial McCarter, Donald, B, ,) or Full O	Drganization Name		Date o	f Re	eceipt						
	Mailing Address 606 Harvest Drive		09	/	21	/ Y	201	Y Y 18					
	City Telford	State PA	Zip Code 18969-2200					A2018-2 leceipt tl					
	FEC ID number of contributing federal political committee.	С								76.93	3		
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1461.67										
<u>с.</u>	Full Name of Individual (Last, First, Middle Initial McLain, Cynthia, G, Mrs.,) or Full O	Drganization Name		Date o	f Re	eceipt						
	Mailing Address 1120 South Albert Pike				M M 08	/	D D 10) / Y	201	18			
	City Fort Smith	State AR	Zip Code 72903					A2018-					
	FEC ID number of contributing federal political committee.	С					J			115.39)		
Select Medical Corporation Vice			cupation (for Individual) e President		M	lemo	ttem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1846.24										
s	UBTOTAL of Receipts This Page (optional)			•			, .			269.25	;		
т	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 139 OF 2 (check only one) Image: state st
			/ person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation P Full Name of Individual (Last, First, Middle A. McLain, Cynthia, G, Mrs.,		Organization Name	Date of Receipt
Mailing Address 1120 South Albert Pike	State	Zip Code	Date of Receipt 08 24 2018 Transaction ID : A2018-1890665
Fort Smith	AR	72903	Amount of Each Receipt this Period
FEC ID number of contributing			

Full Name of Individual (Last, First, Middle McLain, Cynthia, G, Mrs.,	Date of Receipt						
Mailing Address 1120 South Albert Pike	08 24 2018						
City	State	Zip Code	Transaction ID : A2018-1890665				
Fort Smith	AR	72903	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		115.39				
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1961.63					
Full Name of Individual (Last, First, Middle McLain, Cynthia, G, Mrs.,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 1120 South Albert Pike			09 07 2018				
City Fort Smith	State AR	Zip Code 72903	Transaction ID : A2018-1974407 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		115.39				
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2077.02					
Full Name of Individual (Last, First, Middle McLain, Cynthia, G, Mrs.,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 1120 South Albert Pike			09 21 2018				
City	State	Zip Code	Transaction ID : A2018-2130866				
Fort Smith	AR	72903	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		115.39				
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2192.41					
SUBTOTAL of Receipts This Page (optional)		346.17				
TOTAL This Period (last page this line numl							

243

17

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 140 OF

243

••			Detailed Summary Page		K 11a	11b			12	<u> </u>					
Ar	y information copied from such Reports and SI	atements ma	ן ay not be sold or used by any מ	erson	13 for the	14 purpose	of soliciting	g cor	16 ntribut	ions					
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such con															
$\left \right\rangle$	NAME OF COMMITTEE (In Full)														
\backslash	Select Medical Corporation PAC	,													
	Full Name of Individual (Last, First, Middle Init McLane, Kerry, A, ,	ial) or Full O	rganization Name		Data at	Dessin									
Α.	Mailing Address 3514 Dragons Rdg PO Box 27	007				f Receipt									
	Maning Address 3314 Diagons Rug PO Box 27	007			08 10 2018										
	City	State	Zip Code		Trans	action I	D : A2018-1	1816	571						
	Panama City	FL	32411-7007	_	Amount	t of Each	h Receipt th	nis P	eriod						
	FEC ID number of contributing federal political committee.	С				-			38.4	17					
	Name of Employer (for Individual)	Occ	upation (for Individual)		M	emo Iter	n								
	Select Medical Corporation	Adn	ninistrator												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		615.52	1											
_	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name												
в.	McLane, Kerry, A, ,	007			Date of Receipt										
	Mailing Address 3514 Dragons Rdg PO Box 27	007			08 24 2018										
	City	State	Zip Code		Trans	action II	D : A2018-1	1890(664						
	Panama City	FL	32411-7007		Amount	eriod									
	FEC ID number of contributing federal political committee.	С		38.47						1 7					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator		M	emo Iter	n								
	Receipt For:		Year-to-Date ▼		_										
	Primary General	riggroguto		11.											
	Other (specify) v	L	, 653.99												
C.	Full Name of Individual (Last, First, Middle Init McLane, Kerry, A, ,	ial) or Full O	rganization Name		Date of	f Receipt	t								
	Mailing Address 3514 Dragons Rdg PO Box 27	007			^M 09		07 / Y)18 [°]	Y					
	City	State	Zip Code		Trans	action I	D : A2018-	1974	406						
	Panama City	FL	32411-7007		Amount	t of Each	h Receipt th	nis P	eriod						
	FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation Administrator				<u> </u>	- <u>y</u>		_	38.4	17					
					M	emo Iter	n								
	Receipt For:	Aggregate Year-to-Date ▼													
	Other (specify)		692.46	1											
s	UBTOTAL of Receipts This Page (optional)			•		7		_	115.4	1					

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

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

.

I APR I APR I APR I

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 141 OF

243

17		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 1 ²	- H	11b 14	11c	12 16	17	
	ny information copied from such Reports and S for commercial purposes, other than using the						f solicitin			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	C								
Α.	Full Name of Individual (Last, First, Middle Ini McLane, Kerry, A, ,		rganization Name	Dat	e of F	Receipt				
	Mailing Address 3514 Dragons Rdg PO Box 2	7007)9	/ D		2018	Y	
	City Panama City	State FL	Zip Code 32411-7007					2130865 his Perioc		
	FEC ID number of contributing federal political committee.	С						38	47	
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator		Men	no Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 730.93	1						
В.	Full Name of Individual (Last, First, Middle Ini McMullen, John, W, ,	tial) or Full O	rganization Name	Dat	e of F	Receipt				
	Mailing Address 207 Beech St			М	08	/ D 10		2018	Y	
	City	State	Zip Code	Tr	ansac	tion ID :	A2018-	1816646		
	Shavertown	PA	18708-1205	Am	ount c	of Each F	Receipt t	his Period		
	FEC ID number of contributing federal political committee.	С				- 3 -		38	47	
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) actor		Men	no Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 615.52							
с.	Full Name of Individual (Last, First, Middle Ini McMullen, John, W, ,	tial) or Full O	rganization Name	Dat	e of F	Receipt				
	Mailing Address 207 Beech St			_	08	/ D 24		2018	Y	
	City Shavertown	State PA	Zip Code 18708-1205					1890738 his Perioc		
	FEC ID number of contributing federal political committee.	С				, .	, ,	38	47	
	Name of Employer (for Individual) Select Medical Corporation	Occi Dire	upation (for Individual) ctor		Men	no Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 653.99							
┢	UBTOTAL of Receipts This Page (optional)					y .		115.	41	

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 142 OF

			Use separate schedule(s)	(ch	(check only one)								
116	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a		11b	11c	12				
	/ information copied from such Reports and Sta for commercial purposes, other than using the n												
<u> </u>	NAME OF COMMITTEE (In Full)												
\rangle	Select Medical Corporation PAC												
	Full Name of Individual (Last, First, Middle Initia McMullen, John, W, ,	l) or Full Oi	rganization Name		Date of	Re	eceipt						
	Mailing Address 207 Beech St			09 07 / Y Y Y Y 2018									
-	City Shavertown	State PA	Zip Code 18708-1205					: A2018-1 Receipt th					
	FEC ID number of contributing federal political committee.	С			<u> </u>				38.	47			
	Name of Employer (for Individual) Select Medical Corporation	Occu Dire	upation (for Individual) ctor		Me	əmc	ttem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.46]									
	Full Name of Individual (Last, First, Middle Initia McMullen, John, W, ,	l) or Full Oi	rganization Name		Date of	Re	eceipt						
Mailing Address 207 Beech St						1	21		y y 2018	Y			
	City Shavertown	State PA	Zip Code 18708-1205		Transaction ID : A2018-2130773 Amount of Each Receipt this Period								
-	FEC ID number of contributing federal political committee.	C			Amount	OT		Receipt th	38.	_			
	Name of Employer (for Individual) Select Medical Corporation	Occu Dire	upation (for Individual) ctor		Me	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 730.93]									
	Full Name of Individual (Last, First, Middle Initia McNulty, James, , Mr.,	l) or Full Oi	rganization Name		Date of	Re	eceipt						
	Mailing Address 208 Woodside Avenue				м м 08	/	D 10		2018	Y			
	City Narberth	State PA	Zip Code 19072					: A2018-1 Receipt th					
	FEC ID number of contributing federal political committee.			<u> </u>		, .	9	115.	39				
Select Medical Corporation Senior			upation (for Individual) or Vice President of Operations		Me	emo	tem Item						
			Year-to-Date ▼ 1846.24]									
s	JBTOTAL of Receipts This Page (optional)			•					192.	33			
т	TAL This Period (last page this line number or	lly)		•	Γ.		, , ,	,					

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 143 OF

243

				Use separate schedule(s)			(check only one)							
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page			4 11a 13		11b 14	11c		12 16	17		
	y information copied from such Reports and St for commercial purposes, other than using the											ons		
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;												
Α.	Full Name of Individual (Last, First, Middle Init McNulty, James, , Mr.,	ial) or Full C	rganiza	ation Name		Date o	f Re	eceipt						
	Mailing Address 208 Woodside Avenue					м м 08	1	D 24) 18	Y		
	City Narberth	State PA		p Code 19072					Receipt					
	FEC ID number of contributing federal political committee.	С				<u> </u>					115.3	9		
	Name of Employer (for Individual) Select Medical Corporation		•	(for Individual) President of Operations		М	emo) Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to	D-Date ▼ 1961.63										
в.	Full Name of Individual (Last, First, Middle Initi McNulty, James, , Mr.,	ial) or Full C	organiza	ation Name		Date o	f Re	eceipt						
	Mailing Address 208 Woodside Avenue		1			м м 09	/	07			18	Y		
	City	State	'	p Code	_				A2018-					
	Narberth	PA	1	19072	_	Amoun	t of	Each F	Receipt	his P	eriod			
	FEC ID number of contributing federal political committee.	С				Ľ.	_				115.3	9		
	Name of Employer (for Individual) Select Medical Corporation			(for Individual) e President of Operations		M	emo	ltem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to	o-Date ▼ 2077.02										
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi McNulty, James, , Mr.,	ial) or Full C	rganiza	ation Name		Date o	f Re	eceipt						
	Mailing Address 208 Woodside Avenue					M M 09	/	D 21		20)18	Y		
	City Narberth	State PA		p Code 9072					: A2018- Receipt 1					
	FEC ID number of contributing federal political committee.	С				<u> </u>		,		_	115.3	9		
	Name of Employer (for Individual) Select Medical Corporation		•	(for Individual) President of Operations		М	lemo	tem Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to	o-Date ▼ 2192.41										
\vdash	UBTOTAL of Receipts This Page (optional)			F	-	Ľ.	-	,	. ,	-	346.1	7		
T	OTAL This Period (last page this line number of	only)		····· •				_		_	1			

I

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 144 OF

		Deteiled Current Deteiled	X	11a		11b	11c	1	2				
		Detailed Summary Page		13	-	14	15		6	17			
Any information copied from such Reports and or for commercial purposes, other than using							soliciting	g conti	ributi	ons			
NAME OF COMMITTEE (In Full) Select Medical Corporation P	AC												
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Meade, Andrew, M, Mr.,					Date of Receipt								
Mailing Address 185 Timber Falls Dr City State Zip Code					08 / D D / Y Y Y Y 2018								
City Longview	State TX		Transaction ID : A2018-1816670 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С			38.47									
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator		Me	emo	tem							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 615.52											
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Meade, Andrew, M, Mr.,					Date of Receipt								
Mailing Address 185 Timber Falls Dr				M M / D D / Y									
City _Longview	State TX	Zip Code 75605-8288					A2018-1 Receipt th						
FEC ID number of contributing federal political committee.	С		38.47										
Name of Employer (for Individual) Select Medical Corporation	Occ Adr		Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate												
Full Name of Individual (Last, First, Middle C. Meade, Andrew, M, Mr.,	Initial) or Full C	Prganization Name		Date of	Re	eceipt							
Mailing Address 185 Timber Falls Dr	ng Address 185 Timber Falls Dr					M M / D D / Y Y Y Y 09 07 2018							
City Longview	State TX	Zip Code 75605-8288					A2018-1 Receipt th						
FEC ID number of contributing federal political committee.	С		38.47										
Name of Employer (for Individual) Select Medical Corporation	Occ Adm		Memo Item										
Receipt For: Primary General Other (specify)	Aggregate												
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line numb			-		_	5 I	· ·	1	15.4	1			

SCHEDULE A (FEC Form 3X)	Γ
ITEMIZED RECEIPTS	

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

PAGE 145 OF

TIEMIZED RECEIPTS			for each category of the Detailed Summary Page				11a		11b	11c	12				
<u> </u>				, ,			13		14	15	16				
	y information copied from such Reports and St for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;													
<u>к</u>	Full Name of Individual (Last, First, Middle Initi Meade, Andrew, M, Mr.,	al) or Full (Orgar	nization Name		Date of Receipt									
	Mailing Address 185 Timber Falls Dr					09 21 2018									
	City	State		Zip Code		1	rans	act	ion ID	: A2018-2	2130797				
	Longview	TX		75605-8288	_	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С				38.47						.47			
	Name of Employer (for Individual) Select Medical Corporation			ion (for Individual) trator		C	М	emo	tem						
	Receipt For:			r-to-Date ▼											
	Primary General Other (specify) ▼														
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name . Mena, Theodore, G, ,								eceipt						
	Mailing Address 4425 Indian Deer Rd								M / D / Y						
	City	State		Zip Code		Ī	rans	acti	ion ID	: A2018-1	816604				
	Windermere	FL		34786-3182		An	noun	t of	Each	Receipt th	nis Perio	b			
	FEC ID number of contributing federal political committee.							38.47							
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) strator		Memo Item									
	Receipt For:	Aggregate	e Yea	r-to-Date ▼											
	Primary General Other (specify) ▼		,	615.52											
	Full Name of Individual (Last, First, Middle Initi Mena, Theodore, G, ,	al) or Full (Orgar	nization Name		Da	ate of	f Re	eceipt						
	Mailing Address 4425 Indian Deer Rd						08	/	D 24		2018	Y			
	City	State		Zip Code			Frans	sact	ion ID	: A2018-1	890697				
	Windermere	FL		34786-3182	_	An	noun	t of	Each	Receipt th	nis Perior	b			
	FEC ID number of contributing federal political committee.	С							y .	. ,	38	.47			
	Name of Employer (for Individual) Select Medical Corporation		cupat minist	ion (for Individual)		Memo Item									
	Receipt For:														
	Primary General Other (specify)	Aggregate	r-to-Date ▼ 653.99												
s	UBTOTAL of Receipts This Page (optional)			•••••	 -	[-		,	5	115	.41			
т	OTAL This Period (last page this line number of	only)		••••••		L			-						

SCHEDULE A (FEC Form 3X)	_
ITEMIZED RECEIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 146 OF

243

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		_	1a		11b	11c			<u> </u>
	y information copied from such Reports and S for commercial purposes, other than using the				for						ributi	
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			; 10 5								
A.	Full Name of Individual (Last, First, Middle Init Mena, Theodore, G, ,	tial) or Full C	Organization Name		Date of Receipt							
	Mailing Address 4425 Indian Deer Rd	1-										
	City Windermere	State FL	Zip Code 34786-3182	_	Transaction ID : A2018-1974439 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С						-yr - 1			38.4	,7
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ninistrator			М	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.46									
в.	Full Name of Individual (Last, First, Middle Init Mena, Theodore, G, ,		Da	te o	f Re	eceipt						
	Mailing Address 4425 Indian Deer Rd		09 / D D / Y Y Y Y 2018									
	City Windermere	State FL	Zip Code 34786-3182						: A2018- Receipt			
	FEC ID number of contributing federal political committee.		38.47									
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator		Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 730.93									
С.	Full Name of Individual (Last, First, Middle Init Metz, Amy, , Ms.,	tial) or Full C	Drganization Name		Da	te o	f Re	eceipt				
	Mailing Address 1247 Dog Bluff				M	08 ^M	1	D 1	0 /	Y Y 2018		Y
	City Galivants Ferry	State SC	Zip Code 29544						: A2018-			
	FEC ID number of contributing federal political committee.	С			Ę			, .	. ,		38.4	7
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator			Μ	lem	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 615.52									
⊢	UBTOTAL of Receipts This Page (optional)			•		-	-	y	5	1	15.4	1
Т	OTAL This Period (last page this line number	only)	••••••	•				-				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 147 OF 243 (check only one)			
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	y information copied from such Reports and St for commercial purposes, other than using the			person for the purpose of soliciting contributions be to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;					
Α.	Full Name of Individual (Last, First, Middle Initi Metz, Amy, , Ms.,	al) or Full C	Date of Receipt				
	Mailing Address 1247 Dog Bluff			M / D D / Y			
	City Galivants Ferry	State SC	Zip Code 29544	Transaction ID : A2018-1890719 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		38.47			
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 653.99]			
в.	Full Name of Individual (Last, First, Middle Initi Metz, Amy, , Ms.,	al) or Full C	organization Name	Date of Receipt			
	Mailing Address 1247 Dog Bluff	09 07 2018					
	City Galivants Ferry	State SC	Zip Code 29544	Transaction ID : A2018-1974461 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		38.47			
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.46]			
_	Full Name of Individual (Last, First, Middle Initi Metz, Amy, , Ms.,	al) or Full C	organization Name	Date of Receipt			
0.	Mailing Address 1247 Dog Bluff			09 21 2018			
	City Galivants Ferry	State SC	Zip Code 29544	Transaction ID : A2018-2130920 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		38.47			
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item			
	Receipt For: Primary General Other (specify)]					
s	UBTOTAL of Receipts This Page (optional)			115.41			

Im	age# 201810119124462881								
S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)		IE NUMBER:	PAGE 148 OF	= 243		
IT	EMIZED RECEIPTS		for each category of the	(check o					
			Detailed Summary Page	13	14	11c 12 15 16	17		
	ny information copied from such Reports and a for commercial purposes, other than using th			person for the	e purpose of :	soliciting contributi	ions		
	NAME OF COMMITTEE (In Full)								
	Select Medical Corporation PA								
Α.	Full Name of Individual (Last, First, Middle In Muggli, David, D, Mr.,	iitial) or Full C	Organization Name	Date	of Receipt				
	Mailing Address 5850 Dripping Rock Ln Unit B			08	08 / D D / Y Y Y Y 08 10 2018				
	City Fort Collins	State CO	Zip Code 80528-7230			A2018-1816672			
		00	80320-7230	Amou	int of Each Re	eceipt this Period			
	FEC ID number of contributing federal political committee.	С				38.4	7		
	Name of Employer (for Individual)	Occ	upation (for Individual)		Memo Item				
	Select Medical Corporation	Adr	ninistrator						
	Receipt For:	Aggregate	Year-to-Date V						
Primary General			615.52	1					
	Other (specify)			-					
В.	Full Name of Individual (Last, First, Middle Ir Muggli, David, D, Mr.,	Date	of Receipt						
	Mailing Address 5850 Dripping Rock Ln Unit E	08 / D D / Y Y Y Y 24 2018							
	City	State CO	Zip Code			A2018-1890764			
	Fort Collins		80528-7230	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С				38.4	7		
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ministrator		Memo Item				
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General Other (specify) ▼		653.99]					
c.	Full Name of Individual (Last, First, Middle Ir Muggli, David, D, Mr.,	iitial) or Full C	Organization Name	Date	of Receipt				
	Mailing Address 5850 Dripping Rock Ln Unit I	B102		M 09		/ Y Y Y 2018	Y		
	City	State CO	Zip Code			A2018-1974506			
	Fort Collins		80528-7230	Amou	int of Each Re	eceipt this Period			
	FEC ID number of contributing federal political committee.	С			. , .	38.4	7		
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator		Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 692.46	1					

SUBTOTAL of Receipts This Page (optional)			,		,	1	15.4 ⁻	1	
TOTAL This Period (last page this line number only)	- [-				-]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS				Use separate schedule(s)						
	y information copied from such Reports and Sta for commercial purposes, other than using the r									
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC									
Α.	Full Name of Individual (Last, First, Middle Initia Muggli, David, D, Mr.,	al) or Full C	Drganiz	ation Name	Date of Receipt					
	Mailing Address 5850 Dripping Rock Ln Unit B102				09 / D D / Y Y Y Y 21 2018					
	City Fort Collins	State CO	Z	Cip Code	Transaction ID : A2018-2130799					
	Fort Collins			80528-7230	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			38.47					
	Name of Employer (for Individual) Select Medical Corporation		upation	n (for Individual) ator	Memo Item					
	Receipt For:	Aggregate	Year-t	to-Date ▼						
	Primary General Other (specify) ▼			730.93	1					
– B	Full Name of Individual (Last, First, Middle Initia Mullin, Thomas, P, Mr.,	al) or Full C	Organiz	ation Name	Date of Receipt					
υ.	Mailing Address 215 St James Court	08 10 2018								
	City	State	Z	lip Code	Transaction ID : A2018-1816579					
	Mechanicsburg	PA		17050	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			115.39					
	Name of Employer (for Individual) Select Medical Corporation			n (for Individual) erating Officer	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-t	to-Date ▼ 1846.24						
<u> </u>	Full Name of Individual (Last, First, Middle Initia Mullin, Thomas, P, Mr.,	al) or Full C	Drganiz	ation Name	Date of Receipt					
	Mailing Address 215 St James Court				M M / D / Y					
	City	State		Cip Code	Transaction ID : A2018-1890672					
	Mechanicsburg	PA		17050	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			115.39					
	Name of Employer (for Individual) Select Medical Corporation		•	n (for Individual) rating Officer	Memo Item					
	Receipt For:	Aggregate		-						
	Primary General Other (specify)		10011	1961.63						
s	UBTOTAL of Receipts This Page (optional)				269.25					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 150 OF 243 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and Sta for commercial purposes, other than using the n								
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC								
Α.	Full Name of Individual (Last, First, Middle Initia Mullin, Thomas, P, Mr.,	l) or Full C	Organization Name	Date of Receipt					
	Mailing Address 215 St James Court			09 07 Y Y Y Y 2018					
	City	State	Zip Code	Transaction ID : A2018-1974414					
	Mechanicsburg	PA	17050	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		115.39					
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ief Operating Officer	Memo Item					
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General Other (specify) ▼		2077.02						
В.	Full Name of Individual (Last, First, Middle Initia Mullin, Thomas, P, Mr.,	l) or Full C	Organization Name	Date of Receipt					
	Mailing Address 215 St James Court	09 21 2018							
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2018-2130873 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		115.39					
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nief Operating Officer	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2192.41						
<u> </u>	Full Name of Individual (Last, First, Middle Initia Mumma, Michael, J, Mr.,	l) or Full C	Organization Name	Date of Receipt					
	Mailing Address 5782 Stillwell Court			08 / D D / Y Y Y Y 08 10 2018					
	City Harrisburg	State PA	Zip Code 17112	Transaction ID : A2018-1816546 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		38.47					
Name of Employer (for Individual) Select Medical Corporation			cupation (for Individual) e President	Memo Item					
	Respiret For:		e Year-to-Date ▼						
	Primary General Other (specify)	. iggi ogale	615.52						
s	UBTOTAL of Receipts This Page (optional)		•	269.25					

. . .

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		fc	lse separate schedule(s) or each category of the betailed Summary Page	FOR LINE NUMBER: PAGE 151 OF (check only one) Image: Check only one in the image: Check only one in the image: Check on in th	243
	y information copied from such Reports and Sta for commercial purposes, other than using the r					
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC					
Α.	Full Name of Individual (Last, First, Middle Initia Mumma, Michael, J, Mr.,	al) or Full C	Drgan	ization Name	Date of Receipt	
	Mailing Address 5782 Stillwell Court	1-			08 / D D / Y Y Y Y 2018	Ý
	City	State		Zip Code	Transaction ID : A2018-1890639	
	Harrisburg	PA		17112	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С			38.4	7
	Name of Employer (for Individual) Select Medical Corporation		•	on (for Individual) sident	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 653.99		
в.	Full Name of Individual (Last, First, Middle Initia Mumma, Michael, J, Mr., Mailing Address 5782 Stillwell Court	al) or Full C	Drgan	ization Name	Date of Receipt	
		09 07 2018				
	City Harrisburg	State PA		Zip Code 17112	Transaction ID : A2018-1974381 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С			38.4	7
	Name of Employer (for Individual) Select Medical Corporation			ion (for Individual) esident	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 692.46		
<u> </u>	Full Name of Individual (Last, First, Middle Initia Mumma, Michael, J, Mr.,	al) or Full C	Drgan	ization Name	Date of Receipt	
	Mailing Address 5782 Stillwell Court				09 / 21 / Y Y Y 2018	Y
	City Harrisburg	State PA		Zip Code 17112	Transaction ID : A2018-2130840	
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period	7
	Name of Employer (for Individual) Select Medical Corporation			on (for Individual) sident	Memo Item	
	Receipt For:			r-to-Date ▼	-	
	Primary General Other (specify)		-	730.93		
s	UBTOTAL of Receipts This Page (optional)				. 115.41	1

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 152 OF 243 (check only one) I1a 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initial Nichols, Gregory, C, Mr.,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 303 Highpointe Ridge			M = M / D = D / Y = Y = Y Y 08 10 2018
	City Prattville	State AL	Zip Code 36066	Transaction ID : A2018-1816586 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		supation (for Individual) sident of Network Development	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 615.52]
В.	Full Name of Individual (Last, First, Middle Initia Nichols, Gregory, C, Mr.,	l) or Full C	Drganization Name	Date of Receipt
υ.	Mailing Address 303 Highpointe Ridge	08 24 2018		
	City Prattville	State AL	Zip Code 36066	Transaction ID : A2018-1890679 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) esident of Network Development	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 653.99]
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Nichols, Gregory, C, Mr.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 303 Highpointe Ridge	State	Zin Code	
	City Prattville	State AL	Zip Code 36066	Transaction ID : A2018-1974421 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) sident of Network Development	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 692.46]
s	UBTOTAL of Receipts This Page (optional)			115.41

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 153 OF 243 (check only one) Image: Check only one image: Chec			
	y information copied from such Reports and Sta for commercial purposes, other than using the r						
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC						
Α.	Full Name of Individual (Last, First, Middle Initia Nichols, Gregory, C, Mr., Mailing Address 303 Highpointe Ridge	al) or Full C	organization Name	Date of Receipt			
	City	State	Zip Code	09 21 2018 Transaction ID : A2018-2130880			
	Prattville FEC ID number of contributing federal political committee.	AL C	36066	Amount of Each Receipt this Period 38.47			
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Pres	upation (for Individual) sident of Network Development Year-to-Date ▼	Memo Item			
	Primary General Other (specify) ▼		730.93]			
в.	Full Name of Individual (Last, First, Middle Initia Noro, Sharon, A, Mrs.,	al) or Full C	organization Name	Date of Receipt			
	Mailing Address 24 3rd St	M M / D D / Y					
	City Aspinwall	State PA	Zip Code 15215-2904	Transaction ID : A2018-1816594 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		115.39			
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1846.24]			
	Full Name of Individual (Last, First, Middle Initia Noro, Sharon, A, Mrs.,	al) or Full C	Prganization Name	Date of Receipt			
0.	Mailing Address 24 3rd St			08 / D D / Y Y Y Y 2018			
	City Aspinwall	State PA	Zip Code 15215-2904	Transaction ID : A2018-1890687 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		115.39			
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1961.63]			
s	UBTOTAL of Receipts This Page (optional)			269.25			

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 154 OF

		Use separate schedule(s)	(check only one)			
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	٩C					
Full Name of Individual (Last, First, Middle Noro, Sharon, A, Mrs.,	Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 24 3rd St			09 07 2018			
City Aspinwall	State PA	Zip Code 15215-2904	Transaction ID : A2018-1974429 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		115.39			
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2077.02				
Full Name of Individual (Last, First, Middle B. Noro, Sharon, A, Mrs.,	Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 24 3rd St	Ototo	Zin Onde	09 / D D / Y Y Y Y 21 2018			
City Aspinwall	State PA	Zip Code 15215-2904	Transaction ID : A2018-2130888 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		115.39			
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2192.41				
Full Name of Individual (Last, First, Middle C. O'Connor, Donna, J, Ms.,	Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 3443 W. Frankfort Drive			08 / D D / Y Y Y Y 08 10 2018			
City Chandler	State AZ	Zip Code 85226	Transaction ID : A2018-1816599 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		19.24			
Name of Employer (for Individual) Select Medical Corporation	Occi Dire	upation (for Individual) ctor	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 307.84				
SUBTOTAL of Receipts This Page (optional).			250.02			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 155 OF 243 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initi O'Connor, Donna, J, Ms., Mailing Address 3443 W. Frankfort Drive	al) or Full C	Organization Name	Date of Receipt
	City Chandler	State AZ	Zip Code 85226	08 24 2018 Transaction ID : A2018-1890692 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Dire	upation (for Individual) ector Year-to-Date ▼ 327.08	Memo Item
В.	Full Name of Individual (Last, First, Middle Initi O'Connor, Donna, J, Ms., Mailing Address 3443 W. Frankfort Drive	al) or Full C	Organization Name	Date of Receipt
	City Chandler	State AZ	Zip Code 85226	Transaction ID : A2018-1974434 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		eupation (for Individual) ector	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.32	
С.	Full Name of Individual (Last, First, Middle Initi O'Connor, Donna, J, Ms., Mailing Address 3443 W. Frankfort Drive	al) or Full C	Organization Name	Date of Receipt
	City Chandler	State AZ	Zip Code 85226	Transaction ID : A2018-2130893 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ector	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.56	
s	JBTOTAL of Receipts This Page (optional)			57.72

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 156 OF 243 (check only one) Image: Check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С		
A. O'Keefe, John, M, Mr., Mailing Address 1884 Courtney Ln	Date of Receipt		
City Biloxi	State MS	Zip Code 39532-5324	08 10 2018 Transaction ID : A2018-1816617
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adr	upation (for Individual) ninistrator Year-to-Date ▼ 307.84	Memo Item
B. O'Keefe, John, M, Mr., Mailing Address 1884 Courtney Ln	hitial) or Full C	Organization Name	Date of Receipt
City Biloxi	State MS	Zip Code 39532-5324	08 24 2018 Transaction ID : A2018-1890709 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	C	upation (for Individual)	19.24 Memo Item
Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adı	ministrator Year-to-Date ▼ 327.08]
C. O'Keefe, John, M, Mr.,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 1884 Courtney Ln City Biloxi	State MS	Zip Code 39532-5324	M M M D D P Y
FEC ID number of contributing federal political committee.	С		19.24
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Adn	upation (for Individual) ninistrator Year-to-Date ▼ 346.32	Memo Item
SUBTOTAL of Receipts This Page (optional)			57.72

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 157 OF 243 (check only one)
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
Α.	Full Name of Individual (Last, First, Middle Initi O'Keefe, John, M, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1884 Courtney Ln	State MS	Zip Code	09 21 2018 Transaction ID : A2018-2130910
	Biloxi FEC ID number of contributing federal political committee.	C	39532-5324	Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Adn	upation (for Individual) ninistrator Year-to-Date ▼	Memo Item
	Primary General Other (specify) ▼		365.56	
в.	Full Name of Individual (Last, First, Middle Initi O'Malley, Jon, P, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 52477 Silent Ridge Drive City	State	Zip Code	08 10 2018 Transaction ID : A2018-1816606
	Chesterfield	MI	48051	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 615.52]
С.	Full Name of Individual (Last, First, Middle Initi O'Malley, Jon, P, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 52477 Silent Ridge Drive	Otata	7. 0.1	08 / D D / Y Y Y Y 2018
	City Chesterfield	State MI	Zip Code 48051	Transaction ID : A2018-1890699 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 653.99]
s	UBTOTAL of Receipts This Page (optional)		••••••	96.18

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			for each cat	te schedule(s) tegory of the mmary Page	FOR LINE NUMBER: PAGE 158 OF 243 (check only one) 11a 11a 11b 13 14
	y information copied from such Reports and Sta for commercial purposes, other than using the r				person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia O'Malley, Jon, P, Mr.,	al) or Full C	rganization Na	me	Date of Receipt
	Mailing Address 52477 Silent Ridge Drive				09 07 Y Y Y Y 2018
	City	State	Zip Code		Transaction ID : A2018-1974441
	Chesterfield	MI	48051		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Ind ninistrator	lividual)	Memo Item
	Receipt For:			,	
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	692.46]
В.	Full Name of Individual (Last, First, Middle Initia O'Malley, Jon, P, Mr.,	al) or Full C	rganization Na	me	Date of Receipt
	Mailing Address 52477 Silent Ridge Drive				09 21 2018
	City	State	Zip Code		Transaction ID : A2018-2130900
	Chesterfield	MI	48051		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Inc ninistrator	lividual)	Memo Item
	Receipt For: Primary General	Aggregate	Year-to-Date V	•	
	Other (specify) V		4 4	730.93	
С.	Full Name of Individual (Last, First, Middle Initia Ortenzio, Rocco, A, Mr.,	al) or Full C	rganization Na	me	Date of Receipt
	Mailing Address 7 Westwind Dr				08 10 / Y Y Y Y 08 10 2018
	City Lemovne	State PA	Zip Code 17043-12	234	Transaction ID : A2018-1816680
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period
	Name of Employer (for Individual)		upation (for Ind	lividual)	Memo Item
	Select Medical Corporation Receipt For:		-Chairman		
		Aggregate	Year-to-Date V	7	
	Other (specify)			3076.96]
s	UBTOTAL of Receipts This Page (optional)				269.25

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 159 OF 243 (check only one) 11a 11a 11b 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Ortenzio, Rocco, A, Mr.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 7 Westwind Dr			08 24 2018
	City Lemoyne	State PA	Zip Code 17043-1234	Transaction ID : A2018-1890772 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e-Chairman	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3269.27]
В.	Full Name of Individual (Last, First, Middle Initia Ortenzio, Rocco, A, Mr.,	l) or Full C	Organization Name	Date of Receipt
-	Mailing Address 7 Westwind Dr			09 07 2018
	City Lemoyne	State PA	Zip Code 17043-1234	Transaction ID : A2018-1974514 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e-Chairman	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3461.58]
с.	Full Name of Individual (Last, First, Middle Initia Ortenzio, Rocco, A, Mr.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 7 Westwind Dr			09 / D D / Y Y Y Y 21 / 2018
	City Lemoyne	State PA	Zip Code 17043-1234	Transaction ID : A2018-2130807 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e-Chairman	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3653.89]
s	UBTOTAL of Receipts This Page (optional)			576.93

1 1 4p 1 1 4p 1 1 4p 1

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 160 OF 243 (check only one) Integration Image: Comparison of the second sec		
	y information copied from such Reports and Sta for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;					
<u> </u>	Full Name of Individual (Last, First, Middle Initi Pegler, William, L, Mr.,	al) or Full C	Drgai	nization Name	Date of Receipt		
	Mailing Address 21723 E Rowland Cir				M = M / D = D / Y = Y = Y Y 08 10 2018		
	City	State		Zip Code	Transaction ID : A2018-1816645		
	Aurora	CO		80016-3608	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С			115.39		
	Name of Employer (for Individual) Select Medical Corporation			ion (for Individual) esident	Memo Item		
	Receipt For:	Angregate	Yea	r-to-Date ▼	_		
	Primary General Other (specify) ▼		- 100	1846.24	1		
В.	Full Name of Individual (Last, First, Middle Initi Pegler, William, L, Mr.,	al) or Full C	Drgar	nization Name	Date of Receipt		
	Mailing Address 21723 E Rowland Cir				08 24 2018		
	City Aurora	State CO		Zip Code 80016-3608	Transaction ID : A2018-1890737 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С			115.39		
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) esident	Memo Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1961.63]		
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Pegler, William, L, Mr.,	al) or Full C	Drgai	nization Name	Date of Receipt		
	Mailing Address 21723 E Rowland Cir				M M / D D / Y Y Y Y 09 07 2018		
	City Aurora	State CO		Zip Code 80016-3608	Transaction ID : A2018-1974479 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С			115.39		
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) esident	Memo Item		
	Receipt For:			r-to-Date ▼			
	Primary General Other (specify)		-	2077.02	1		
s	UBTOTAL of Receipts This Page (optional)				346.17		

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 161 OF 243 (check only one) I1a I1a 11b 11c 12 13 14 15 16 17
	information copied from such Reports and Sta or commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	AME OF COMMITTEE (In Full) Select Medical Corporation PAC			
	ull Name of Individual (Last, First, Middle Initia Pegler, William, L, Mr.,	Organization Name	Date of Receipt	
M	lailing Address 21723 E Rowland Cir			M M / D D / Y Y Y Y 09 21 2018
	ity Aurora	State CO	Zip Code 80016-3608	Transaction ID : A2018-2130772 Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		115.39
S	ame of Employer (for Individual) elect Medical Corporation ecceipt For: Primary General Other (specify) ▼	Vice	e President Year-to-Date ▼ 2192.41	Memo Item
в	ull Name of Individual (Last, First, Middle Initia Pennacchia, Raymond, J, Mr., Iailing Address 6 Cold Spring Lane	al) or Full C	Organization Name	Date of Receipt
<u>N</u> F	ity /ledia EC ID number of contributing ederal political committee.	State PA	Zip Code 19063	08 10 2018 Transaction ID : A2018-1816698 Amount of Each Receipt this Period 115.39
	lame of Employer (for Individual) elect Medical Corporation		cupation (for Individual) e President of Marketing Senior	Memo Item
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1846.24]
C	ull Name of Individual (Last, First, Middle Initia Pennacchia, Raymond, J, Mr.,	al) or Full C	Organization Name	Date of Receipt
_	lailing Address 6 Cold Spring Lane			08 / D D / Y Y Y Y 2018
	ity ⁄ledia	State PA	Zip Code 19063	Transaction ID : A2018-1890790 Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		115.39
S	ame of Employer (for Individual) elect Medical Corporation eccipt For: Primary General Other (specify)	Vice	upation (for Individual) e President of Marketing Senior Year-to-Date ▼ 1961.63	Memo Item
su	BTOTAL of Receipts This Page (optional)			346.17

I I APR I I APR I I APR I

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 162 OF 243
IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) ✗ 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Pennacchia, Raymond, J, Mr.,	Date of Receipt		
	Mailing Address 6 Cold Spring Lane			09 07 2018
	City	State	Zip Code	Transaction ID : A2018-1974366
	Media	PA	19063	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President of Marketing Senior	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2077.02]
В.	Full Name of Individual (Last, First, Middle Initia Pennacchia, Raymond, J, Mr.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 6 Cold Spring Lane			09 21 2018
	City Media	State PA	Zip Code 19063	Transaction ID : A2018-2130825 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President of Marketing Senior	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2192.41	
<u></u> .	Full Name of Individual (Last, First, Middle Initia Pennington, Kimberly, G, ,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 1990 Scotts Ferry Rd			08 / D D / Y Y Y Y 08 10 2018
	City Versailles	State KY	Zip Code 40383-9348	Transaction ID : A2018-1816655 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
	Receipt For:		Year-to-Date ▼	-
	Primary General Other (specify)		615.52]
s	UBTOTAL of Receipts This Page (optional)			269.25

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 163 OF 243 (check only one) Image: Check only one) X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
Α.	Full Name of Individual (Last, First, Middle Initi Pennington, Kimberly, G, , Mailing Address 1990 Scotts Ferry Rd			Date of Receipt
	City Versailles	State KY	Zip Code 40383-9348	Transaction ID : A2018-1890747 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Adr	upation (for Individual) ninistrator Year-to-Date ▼ 653.99	Memo Item
в.	Full Name of Individual (Last, First, Middle Initi Pennington, Kimberly, G, , Mailing Address 1990 Scotts Ferry Rd	al) or Full C	Organization Name	Date of Receipt
	City Versailles	State KY	Zip Code 40383-9348	Operation ID : A2018-1974489 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ministrator	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692,46]
с.	Full Name of Individual (Last, First, Middle Initi Pennington, Kimberly, G, ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1990 Scotts Ferry Rd			09 / 21 / Y Y Y Y 09 21 2018
	City Versailles	State KY	Zip Code 40383-9348	Transaction ID : A2018-2130782 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 730.93]
s	JBTOTAL of Receipts This Page (optional)			115.41

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 164 OF 243 (check only one) I1a I1a 11b I1c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Pettrey, Lisa, J, Mrs.,	ll) or Full C	Organization Name	Date of Receipt
	Mailing Address 5625 Preswick Drive			08 / D D / Y Y Y Y 08 10 2018
	City Dublin	State OH	Zip Code 43017	Transaction ID : A2018-1816630 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 615.52]
— R	Full Name of Individual (Last, First, Middle Initia Pettrey, Lisa, J, Mrs.,	l) or Full C	Organization Name	Date of Receipt
υ.	Mailing Address 5625 Preswick Drive			08 24 2018
	City Dublin	State OH	Zip Code 43017	Transaction ID : A2018-1890722 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 653,99]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Pettrey, Lisa, J, Mrs.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 5625 Preswick Drive			09 / 07 / Y Y Y Y Y 2018
	City Dublin	State OH	Zip Code 43017	Transaction ID : A2018-1974464 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 692.46]
s	UBTOTAL of Receipts This Page (optional)			115.41

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 165 OF 243 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
Α.	Full Name of Individual (Last, First, Middle Initi Pettrey, Lisa, J, Mrs., Mailing Address 5625 Preswick Drive	al) or Full C	Drganization Name	Date of Receipt
	City Dublin	State OH	Zip Code 43017	Transaction ID : A2018-2130757 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Adr	cupation (for Individual) ministrator	Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 730.93	1
в.	Full Name of Individual (Last, First, Middle Initi Plumlee, Steve, C, Mr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 12311 Bonnybridge Lane			08 / D D / Y Y Y Y 2018
	City Knoxville	State TN	Zip Code 37922	Transaction ID : A2018-1816549 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 615.52	
<u> </u>	Full Name of Individual (Last, First, Middle Initi Plumlee, Steve, C, Mr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 12311 Bonnybridge Lane			08 / D D / Y Y Y Y 24 2018
	City Knoxville	State TN	Zip Code 37922	Transaction ID : A2018-1890642 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ninistrator	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 653.99	
s	UBTOTAL of Receipts This Page (optional)		•	115.41

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

	ULE A (FEC Form 3X) ED RECEIPTS		fo	Use separate schedule(s) or each category of the Detailed Summary Page	(cheo	LINE NUMBER: PAGE 166 OF 243 ck only one) 11a 11b 11c 12 13 14 15 16 17
	ation copied from such Reports and Sta mercial purposes, other than using the					or the purpose of soliciting contributions
	of COMMITTEE (In Full) of Medical Corporation PAC					
A. Plumle	ne of Individual (Last, First, Middle Initia ee, Steve, C, Mr., Address 12311 Bonnybridge Lane	al) or Full C)rgar	Zip Code 37922		Date of Receipt 09 / 07 / 2018 Transaction ID : A2018-1974384 mount of Each Receipt this Period
	number of contributing political committee.	С				38.47
Select M Receipt	f Employer (for Individual) Medical Corporation For: imary General ther (specify) ▼	Adn	ninis	ion (for Individual) trator r-to-Date ▼ 692.46	- []	Memo Item
B. Pluml	ne of Individual (Last, First, Middle Initia ee, Steve, C, Mr., ^{Address} 12311 Bonnybridge Lane	al) or Full C	Drgar	ization Name	_	Date of Receipt
	e number of contributing political committee.	State TN		Zip Code 37922		09 21 2018 Transaction ID : A2018-2130843 mount of Each Receipt this Period 38.47
Select M Receipt	f Employer (for Individual) Iedical Corporation For: imary General ther (specify) ▼	Adr	minis	ion (for Individual) trator r-to-Date ▼ 730.93	- [-]	Memo Item
C. Polo,	ne of Individual (Last, First, Middle Initia Fabian, E, Mr., Address 7915 Glade Hill Ct	al) or Full C	Orgar	ization Name	_	Date of Receipt
City Dallas FEC ID	number of contributing	State TX		Zip Code 75218		08 10 2018 Transaction ID : A2018-1816635 mount of Each Receipt this Period
federal p Name o Select M Receipt	f Employer (for Individual) Medical Corporation	CEC	D/Ad	ion (for Individual) ministrator r-to-Date ▼ 615.52		Memo Item
SUBTOTA	L of Receipts This Page (optional)			•••••		115.41

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 167 OF 243 (check only one) I1a I1a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and s or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С		
A. Full Name of Individual (Last, First, Middle In Polo, Fabian, E, Mr., Mailing Address 7915 Glade Hill Ct	nitial) or Full C	rganization Name	Date of Receipt
City Dallas	State TX	Zip Code 75218	08 24 2018 Transaction ID : A2018-1890727 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.47
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	CE	upation (for Individual) D/Administrator Year-to-Date ▼ 653.99	Memo Item
B. Full Name of Individual (Last, First, Middle In Polo, Fabian, E, Mr., Mailing Address 7915 Glade Hill Ct	hitial) or Full C	organization Name	Date of Receipt
City Dallas FEC ID number of contributing	State TX	Zip Code 75218	09 07 2018 Transaction ID : A2018-1974469 Amount of Each Receipt this Period 38.47
federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For:	Occ	upation (for Individual) O/Administrator Year-to-Date V	Memo Item
Other (specify)		692.46]
C. Full Name of Individual (Last, First, Middle In Polo, Fabian, E, Mr., Mailing Address 7915 Glade Hill Ct	nitial) or Full C	rganization Name	Date of Receipt
City Dallas	State TX	Zip Code 75218	Transaction ID : A2018-2130762 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.47
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	CEC	upation (for Individual) D/Administrator Year-to-Date ▼ 730.93	Memo Item
SUBTOTAL of Receipts This Page (optional)			115.41

Ima	age# 201810119124462901				
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page		58 OF 243
	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Select Medical Corporation PA	e name and a			
A.	Full Name of Individual (Last, First, Middle In Pomeranz, Bruce, A, ,		Organization Name	Date of Receipt	
Mailing Address 108 Knickerbocker Road		State NJ	Zip Code 07670	09 26 20 Transaction ID : A2018-21571	63
	Tenafly FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Pe	eriod 000.00
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ecutive	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00		
B.	Full Name of Individual (Last, First, Middle In Ponczocha, John, M, Mr., Mailing Address 28410 Glenwood St	tial) or Full C	Organization Name	Date of Receipt	Y Y 18
	City Saint Clair Shores	State MI	Zip Code 48081-1546	Transaction ID : A2018-18166 Amount of Each Receipt this Pe	
	FEC ID number of contributing federal political committee.	C	upation (for Individual)	Memo Item	38.47
	Select Medical Corporation Receipt For:	Adr	ninistrator Year-to-Date ▼	_	
	Primary General Other (specify) ▼		, 615.52		
C.	Full Name of Individual (Last, First, Middle In Ponczocha, John, M, Mr., Mailing Address 28410 Glenwood St	tial) or Full C	Organization Name	Date of Receipt	ΥΥ
	City	State	Zip Code	08 24 20 ⁻ Transaction ID : A2018-18907	
	Saint Clair Shores	МІ	48081-1546	Amount of Each Receipt this Pe	
	FEC ID number of contributing federal political committee.	С			38.47
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Adm	upation (for Individual) hinistrator	Memo Item	
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 653.99		

SUBTOTAL of Receipts This Page (optional)		l	,	l	,	307	76.94	1	
TOTAL This Period (last page this line number only)		į.	-		-		-]

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 169 OF 243 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
A.	Full Name of Individual (Last, First, Middle Initia Ponczocha, John, M, Mr., Mailing Address 28410 Glenwood St	al) or Full C	rganization Name	Date of Receipt
	City Saint Clair Shores	State MI	Zip Code 48081-1546	09 07 2018 Transaction ID : A2018-1974498
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.46	1
в.	Full Name of Individual (Last, First, Middle Initia Ponczocha, John, M, Mr.,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 28410 Glenwood St	09 / 21 / Y Y Y Y 2018		
	City Saint Clair Shores	State MI	Zip Code 48081-1546	Transaction ID : A2018-2130791 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 730.93]
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Principe, Adam, , Mr.,	al) or Full C	Prganization Name	Date of Receipt
	Mailing Address 1207 Wings Way	1 -	1	M M / D D / Y
	City Cantonment	State FL	Zip Code 32533	Transaction ID : A2018-1816637 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Adm	upation (for Individual) ninistrator	Memo Item
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 615.52]
s	UBTOTAL of Receipts This Page (optional)			115.41

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 170 OF 243 (check only one) 11a 11a 11b 13 14 15 16
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
Α.	Full Name of Individual (Last, First, Middle Initi Principe, Adam, , Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1207 Wings Way			M M / D / Y
	City Cantonment	State FL	Zip Code 32533	Transaction ID : A2018-1890729 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adr	cupation (for Individual) ministrator → Year-to-Date ▼ 653.99	Memo Item
В.	Full Name of Individual (Last, First, Middle Initi Principe, Adam, , Mr., Mailing Address 1207 Wings Way	al) or Full C	Drganization Name	Date of Receipt
	City Cantonment FEC ID number of contributing federal political committee.	State FL	Zip Code 32533	09 07 2018 Transaction ID : A2018-1974471 Amount of Each Receipt this Period 38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator	Memo Item
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ , 692.46]
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Principe, Adam, , Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1207 Wings Way			09 / D D / Y Y Y Y 21 2018
	City Cantonment	State FL	Zip Code 32533	Transaction ID : A2018-2130764 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Adm	cupation (for Individual) ministrator e Year-to-Date ▼ 730.93	Memo Item
s	UBTOTAL of Receipts This Page (optional)			115.41

I I APR I I APR I I APR I

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 171 OF 243 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
Α.	Full Name of Individual (Last, First, Middle Initi Quinn, John, C, Mr., Mailing Address 6308 Pinehill Dr.	al) or Full C	rganization Name	Date of Receipt
	City	State	Zip Code	08 10 2018 Transaction ID : A2018-1816610
	Meridian FEC ID number of contributing federal political committee.	MS C	39305	Amount of Each Receipt this Period 38.47
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Adn	upation (for Individual) ninistrator Year-to-Date ▼	Memo Item
	Primary General Other (specify) ▼		615.52]
В.	Full Name of Individual (Last, First, Middle Initi Quinn, John, C, Mr., Mailing Address 6308 Pinehill Dr.	al) or Full C	rganization Name	Date of Receipt
	City Meridian FEC ID number of contributing	State MS	Zip Code 39305	08 24 2018 Transaction ID : A2018-1890703 Amount of Each Receipt this Period
	federal political committee. Name of Employer (for Individual) Select Medical Corporation		upation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼		ninistrator Year-to-Date ▼ 653.99	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Quinn, John, C, Mr.,	al) or Full C	rganization Name	Date of Receipt
	Mailing Address 6308 Pinehill Dr.	01-1-	The Oak	09 / D D / Y Y Y Y 09 / 07 / 2018
	City Meridian	State MS	Zip Code 39305	Transaction ID : A2018-1974445 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 692.46]
s	UBTOTAL of Receipts This Page (optional)			115.41

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 172 OF 243 (check only one) I1a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Quinn, John, C, Mr., Mailing Address 6308 Pinehill Dr.	l) or Full C	Organization Name	Date of Receipt
	City	State	Zip Code	09 21 2018 Transaction ID : A2018-2130904
	Meridian	MS	39305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 730.93	1
В.	Full Name of Individual (Last, First, Middle Initia Radford, Jeffrey, A, ,	l) or Full C	Organization Name	Date of Receipt
-	Mailing Address 15413 Monticello Drive			08 10 / Y Y Y Y 2018
	City Bristol	State VA	Zip Code 24202	Transaction ID : A2018-1816603 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ministrator	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.84]
— c.	Full Name of Individual (Last, First, Middle Initia Radford, Jeffrey, A, ,	l) or Full C	Organization Name	Date of Receipt
0.	Mailing Address 15413 Monticello Drive			08 24 2018
	City Bristol	State VA	Zip Code 24202	Transaction ID : A2018-1890696 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 327.08]
s	UBTOTAL of Receipts This Page (optional)			76.95

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 173 OF 243 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
Α.	Full Name of Individual (Last, First, Middle Initi Radford, Jeffrey, A, ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 15413 Monticello Drive			09 07 Y Y Y Y 09 07 2018
	City Bristol	State VA	Zip Code 24202	Transaction ID : A2018-1974438 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.32	
в.	Full Name of Individual (Last, First, Middle Initi Radford, Jeffrey, A, ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 15413 Monticello Drive			09 / D D / Y Y Y Y 21 2018
	City Bristol	State VA	Zip Code 24202	Transaction ID : A2018-2130897 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 365.56	
с.	Full Name of Individual (Last, First, Middle Initi Rawley, Jennifer, S, Dr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 5972 Hollow Wood Ct			08 / D D / Y Y Y Y 08 10 2018
	City Winston Salem	State NC	Zip Code 27104-3771	Transaction ID : A2018-1816669 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 615.52	
s	UBTOTAL of Receipts This Page (optional)		•	76.95

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 174 OF 243
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	ay not be sold or used by any pa address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
\square	NAME OF COMMITTEE (In Full)			
	Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Rawley, Jennifer, S, Dr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 5972 Hollow Wood Ct			M M / D / Y
	City	State	Zip Code	Transaction ID : A2018-1890761
	Winston Salem	NC	27104-3771	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ninistrator	Memo Item
	Receipt For:	Anareaate	Year-to-Date V	
	Primary General	riggrogato		1
	Other (specify) ▼	L	653.99	
в.	Full Name of Individual (Last, First, Middle Initia Rawley, Jennifer, S, Dr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 5972 Hollow Wood Ct			09 07 2018
	City	State	Zip Code	Transaction ID : A2018-1974503
	Winston Salem	NC	27104-3771	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	rederar politicar committee.			
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator	Memo Item
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		, 692.46]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Rawley, Jennifer, S, Dr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 5972 Hollow Wood Ct			09 / D D / Y Y Y Y 21 2018
	City	State	Zip Code	Transaction ID : A2018-2130796
	Winston Salem	NC	27104-3771	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
	Receipt For:		Year-to-Date ▼	-
	Primary General	, iggi cyale		
	Other (specify)	L	730.93	1
s	UBTOTAL of Receipts This Page (optional)			115.41

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 175 OF 243 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17		
	y information copied from such Reports and St for commercial purposes, other than using the			person for the purpose of soliciting contributions ee to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;				
Α.	Full Name of Individual (Last, First, Middle Initi Readinger, Phillip, C, Mr., Mailing Address 511 Country Chase Dr	ial) or Full C	Organization Name	Date of Receipt		
	City Lake Saint Louis	State MO	Zip Code 63367-5847	08 10 2018 Transaction ID : A2018-1816671 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		19.24		
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adn	upation (for Individual) ninistrator Year-to-Date ▼ 307.84	Memo Item		
В.	Full Name of Individual (Last, First, Middle Initi Readinger, Phillip, C, Mr., Mailing Address 511 Country Chase Dr					
	City Lake Saint Louis FEC ID number of contributing federal political committee.	State MO	Zip Code 63367-5847	08 24 2018 Transaction ID : A2018-1890763 Amount of Each Receipt this Period 19.24		
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Adr	upation (for Individual) ninistrator Year-to-Date ▼	Memo Item		
	Primary General Other (specify) ▼		, 327.08]		
C.	Full Name of Individual (Last, First, Middle Initi Readinger, Phillip, C, Mr., Mailing Address 511 Country Chase Dr	ial) or Full C	Organization Name	Date of Receipt		
	City Lake Saint Louis	State MO	Zip Code 63367-5847	Transaction ID : A2018-1974505 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		19.24		
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General	Adm	upation (for Individual) ninistrator Year-to-Date ▼ 346.32	Memo Item		
s	UBTOTAL of Receipts This Page (optional)	<u> </u>	-gh	57.72		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 176 OF 243 (check only one) I1a X 11a 11b I1c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			person for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
Α.	Full Name of Individual (Last, First, Middle Initi Readinger, Phillip, C, Mr., Mailing Address 511 Country Chase Dr	al) or Full C	rganization Name	Date of Receipt
	City	State	Zip Code	09 21 2018
	Lake Saint Louis	MO	63367-5847	Transaction ID : A2018-2130798 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.56]
В.	Full Name of Individual (Last, First, Middle Initi Rhodes, Chandelle, L, Ms.,	al) or Full C	rganization Name	Date of Receipt
	Mailing Address 20528 Lagoona Drive			08 / D D / Y Y Y Y 08 10 2018
	City Cornelius	State NC	Zip Code 28031	Transaction ID : A2018-1816585 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 615.52]
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Rhodes, Chandelle, L, Ms.,	al) or Full C	rganization Name	Date of Receipt
	Mailing Address 20528 Lagoona Drive	1		08 / D D / Y Y Y Y 24 2018
	City Cornelius	State NC	Zip Code 28031	Transaction ID : A2018-1890678 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 653.99]
s	UBTOTAL of Receipts This Page (optional)			96.18

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate scheduler for each category of the Detailed Summary Page	s) (check or	E NUMBER: ily one) 11b 14	PAGE 177 OF	243						
	y information copied from such Reports and Sta for commercial purposes, other than using the n												
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC												
Α.	Full Name of Individual (Last, First, Middle Initia Rhodes, Chandelle, L, Ms.,	l) or Full C	Organization Name	Date	of Receipt								
	Mailing Address 20528 Lagoona Drive			09	07	/ Y Y Y 2018	Y						
	City Cornelius	State NC	Zip Code 28031		saction ID : A	2018-1974420 ceipt this Period							
	FEC ID number of contributing federal political committee.	С				38.4	7						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Ν	lemo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.4	5									
	Full Name of Individual (Last, First, Middle Initia Rhodes, Chandelle, L, Ms.,	l) or Full C	Organization Name	Date (of Receipt								
ь.	Mailing Address 20528 Lagoona Drive		Date of Receipt										
	City Cornelius	State NC	Zip Code 28031		Transaction ID : A2018-2130879 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			38.47								
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President		Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 730.9	3									
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Riska, Marilouise, , Mrs.,	l) or Full C	Organization Name	Date of	of Receipt								
	Mailing Address 30093 Orchards Lane			08	/ D D D 10	/ Y Y Y 2018	Y						
	City New Hudson	State MI	Zip Code 48165		saction ID : A								
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 38.47								
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator		Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 615.5	2									
s	UBTOTAL of Receipts This Page (optional)					115.4	1						

	-																
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s)														
	y information copied from such Reports and Sta for commercial purposes, other than using the r																
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC																
Α.	Full Name of Individual (Last, First, Middle Initia Riska, Marilouise, , Mrs.,	l) or Full (Orga	nization Name	Date of Receipt												
	Mailing Address 30093 Orchards Lane				08 / 24 2018												
	City New Hudson	State MI		Zip Code 48165	Transaction ID : A2018-1890721 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			38.47												
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) strator	Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Yea	ar-to-Date ▼ 653.99													
В.	Full Name of Individual (Last, First, Middle Initia Riska, Marilouise, , Mrs., Mailing Address 30093 Orchards Lane	Date of Receipt															
				7.0.1	09 07 2018												
	City New Hudson	State MI		Zip Code 48165	Transaction ID : A2018-1974463 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			38.47												
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) strator	Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Yea	ar-to-Date ▼ 692.46													
с.	Full Name of Individual (Last, First, Middle Initia Riska, Marilouise, , Mrs.,	l) or Full (Orga	nization Name	Date of Receipt												
	Mailing Address 30093 Orchards Lane				09 21 2018												
	City New Hudson	State MI		Zip Code 48165	Transaction ID : A2018-2130756 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			38.47												
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) trator	Memo Item												
_	Receipt For: Primary General Other (specify)	Aggregate	e Yea	ar-to-Date ▼ 730.93													

SUBTOTAL of Receipts This Page (optional)					_		9	11	5.41	1
TOTAL This Period (last page this line number only)	Γ	Į.	Į.	-		Į.	-		-	1

i

0													
S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 179 OF 243									
IT	EMIZED RECEIPTS		for each category of the	(check only one)									
			Detailed Summary Page	X 11a 11b 11c 12									
				13 14 15 16 17									
	y information copied from such Reports and Sta for commercial purposes, other than using the												
$\left \right\rangle$	NAME OF COMMITTEE (In Full)												
/	Select Medical Corporation PAC	,											
<u>/</u>	Full Name of Individual (Last, First, Middle Initia	al) or Full (Irganization Name										
Α.	Rogitz, Kristin, A, Mrs.,		signification Name	Date of Receipt									
	Mailing Address 4851 E Augusta Avenue												
				08 10 2018									
	City	State	Zip Code	Transaction ID : A2018-1816682									
	Chandler	AZ	85249	Amount of Each Receipt this Period									
	FEC ID number of contributing	\mathbf{C}		76.93									
	federal political committee.	С		10.93									
	Name of Employer (for Individual)	000	upation (for Individual)	Memo Item									
	Select Medical Corporation		e President										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General	Aggregate		-									
	Other (specify) v	1	1230.88										
			1 1	-									
	Full Name of Individual (Last, First, Middle Initi	al) or Full C	Organization Name										
В.	Rogitz, Kristin, A, Mrs.,	Date of Receipt											
	Mailing Address 4851 E Augusta Avenue	08 24 2018											
	City	State	Zip Code										
	Chandler	AZ	85249	Transaction ID : A2018-1890774 Amount of Each Receipt this Period									
	FEC ID number of contributing												
	federal political committee.	С		76.93									
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual)	Memo Item									
	Receipt For:		e President										
	Primary General	Aggregate	Year-to-Date ▼	_									
	Other (specify) V		1307.81	1									
				4									
_	Full Name of Individual (Last, First, Middle Initi	al) or Full C	Organization Name										
C.	Rogitz, Kristin, A, Mrs.,			Date of Receipt									
	Mailing Address 4851 E Augusta Avenue												
	0.1	01-1-	Zie Osta	09 07 2018									
	City Chandler	State AZ	Zip Code 85249	Transaction ID : A2018-1974516									
		7.2	05245	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		76.93									
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
	Select Medical Corporation	Vice	President										
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Primary General		1384.74	1									
	Other (specify)		1304.74										
.	UBTOTAL of Receipts This Page (optional)			230.79									
1 3	UDIVIAL OF RECEIPTS THIS FAGE (OPTIONAL)	•••••		•									

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	FOR LINE NUMBER: PAGE 180 OF 243 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17		
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Rogitz, Kristin, A, Mrs.,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 4851 E Augusta Avenue			09 21 2018
	City Chandler	State AZ	Zip Code 85249	Transaction ID : A2018-2130809 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Vice	upation (for Individual) President	Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1461.67]
в.	Full Name of Individual (Last, First, Middle Initia Rolsen, Timothy, J, Mr.,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 17387 Creekside Circle	08 / D D / Y Y Y Y 08 10 2018		
	City North Royalton	State OH	Zip Code 44133	Transaction ID : A2018-1816615 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.84]
<u></u> С.	Full Name of Individual (Last, First, Middle Initia Rolsen, Timothy, J, Mr.,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 17387 Creekside Circle			08 / D D / Y Y Y Y 24 2018
	City North Royalton	State OH	Zip Code 44133	Transaction ID : A2018-1890707 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) inistrator	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 327.08]
	IBTOTAL of Beceints This Page (ontional)			115.41

SUBTOTAL of Receipts This Page (optional)							1	15.4	1
	5	1	y	-	"	-	-		
		1	11		 				_
TOTAL This Period (last page this line number only)	L	 		_	 - 7			- 10	_

	-g														
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 11a 13		PAGE 181 OF 243									
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the p	ourpose of	f soliciting contributions									
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	0													
Α.	Full Name of Individual (Last, First, Middle Ini Rolsen, Timothy, J, Mr.,	tial) or Full O	rganization Name	Date of Receipt											
	Mailing Address 17387 Creekside Circle			09 07 2018											
	City North Royalton	State OH	Zip Code 44133			E A2018-1974449 Receipt this Period									
	FEC ID number of contributing federal political committee.	С				19.24									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) inistrator	Me	mo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.32												
В.	Full Name of Individual (Last, First, Middle Ini Rolsen, Timothy, J, Mr.,	tial) or Full O	rganization Name	Date of	Receipt										
	Mailing Address 17387 Creekside Circle			09	09 / 21 / 2018 Transaction ID : A2018-2130908										
	City North Royalton	StateZip CodeoyaltonOH44133													
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 19.24 Memo Item											
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.56												
с.	Full Name of Individual (Last, First, Middle Ini Rusignuolo, Brian, R, Mr.,	tial) or Full O	rganization Name	Date of	Receipt										
	Mailing Address 1339 Sconsett Way			M M 08	/ D 10										
	City New Cumberland	State PA	Zip Code 17070			: A2018-1816539 Receipt this Period									
	FEC ID number of contributing federal political committee.	С			y	192.31									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) or Vice President	Me	mo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3076.96												

SUBTOTAL of Receipts This Page (optional)	Г					230	.79	
	Ē	-	,	-	7		-	—
TOTAL This Period (last page this line number only)	L	 	-	 	-	 	-	

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) (check only one) for each category of the

FOR LINE NUMBER:

PAGE 182 OF

243

11	EMIZED RECEIPTS	RECEIPTS for each category of the Detailed Summary Page						11b 14	11c	12 16	17						
	y information copied from such Reports and Sta for commercial purposes, other than using the r										itions						
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC																
Α.	Full Name of Individual (Last, First, Middle Initia Rusignuolo, Brian, R, Mr.,	al) or Full C	organization Nar	ne		Date o	f Re	ceipt									
	Mailing Address 1339 Sconsett Way					M M / D D / Y											
	City New Cumberland	State PA	Zip Code 17070	Transaction ID : A2018-1890632 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С			192.31												
	Name of Employer (for Individual) Select Medical Corporation		upation (for Ind ior Vice Preside	,		М	emo	Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	3269.27	1												
в.	Full Name of Individual (Last, First, Middle Initia Rusignuolo, Brian, R, Mr.,	al) or Full C	organization Nar	ne		Date o	f Re	ceipt									
	Mailing Address 1339 Sconsett Way	1-	Zip Code		09 07 <u>Y Y Y Y Y</u> 09 07 2018												
	City New Cumberland	State PA		Transaction ID : A2018-1974374 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С			192.31												
	Name of Employer (for Individual) Select Medical Corporation		upation (for Ind nior Vice Preside	Memo Item													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	3461.58	1												
с.	Full Name of Individual (Last, First, Middle Initia Rusignuolo, Brian, R, Mr.,	al) or Full C	organization Nar	me		Date o	f Re	ceipt									
	Mailing Address 1339 Sconsett Way					09	/	21) / Y	2018 Y	Ŷ						
	City New Cumberland	State PA	Zip Code 17070						A2018-2 Receipt th								
	FEC ID number of contributing federal political committee.	С				<u> </u>		9		192	.31						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Ind ior Vice Preside			M	emo	Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	3653.89	1												
s	UBTOTAL of Receipts This Page (optional)				•			,		576.	93						
т	OTAL This Period (last page this line number of	nly)		••••••			-	_									

S(CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 183 OF 243
IT	EMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
			<u> </u>	13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			
	Select Medical Corporation PAC			
V	Full Name of Individual (Last, First, Middle Initi	al) or Full C	Proanization Name	
Α.	Ruskan, Jeffrey, J, Mr.,			Date of Receipt
	Mailing Address 304 Beechwood Drive			M M / D D / Y Y Y Y
				08 10 2018
	City	State	Zip Code	Transaction ID : A2018-1816636
	Richmond	VA	23229	Amount of Each Receipt this Period
	FEC ID number of contributing	С		192.31
	federal political committee.			
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation	Pre	sident	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General		3076.96	1
	Other (specify) v		3070.90	1
	Full Name of Individual (Last, First, Middle Initi	al) or Full (Pragnization Namo	
B.	Ruskan, Jeffrey, J, Mr.,	ai) or Full C	nganization Name	Date of Receipt
	Mailing Address 304 Beechwood Drive			
				08 24 2018
	City	State	Zip Code	Transaction ID : A2018-1890728
	Richmond	VA	23229	Amount of Each Receipt this Period
	FEC ID number of contributing	С		192.31
	federal political committee.	U		192.01
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation		esident	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General			1
	Other (specify) v		3269.27	
	Full Name of Individual (Last First Middle 1997)		Verseinstige New -	
С	Full Name of Individual (Last, First, Middle Initi Ruskan, Jeffrey, J, Mr.,	ai) or Full C	nganization warne	Date of Receipt
Ο.	Mailing Address 304 Beechwood Drive			
				09 07 2018
	City	State	Zip Code	Transaction ID : A2018-1974470
	Richmond	VA	23229	Amount of Each Receipt this Period
	FEC ID number of contributing	С		192.31
	federal political committee.	U		
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation		sident	-
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General	00 - 0		1
	Other (specify)		3461.58	
_				
				576.93
s	UBTOTAL of Receipts This Page (optional)		·····	

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

Image# 201810119124462917			
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 184 OF 243 (check only one) Image: state stat
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Select Medical Corporation PA	ne name and a		
Full Name of Individual (Last, First, Middle I A. Ruskan, Jeffrey, J, Mr., Mailing Address 304 Beechwood Drive	nitial) or Full (Drganization Name	Date of Receipt
City Richmond	State VA	Zip Code 23229	09 21 2018 Transaction ID : A2018-2130763 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.31
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Pre	cupation (for Individual) esident a Year-to-Date ▼ 3653.89	Memo Item
Full Name of Individual (Last, First, Middle II B. Sadler, Lynne, M, , Mailing Address 30 Cornell Drive Suite 1050 City Camp Hill FEC ID number of contributing federal political committee.	State PA	Drganization Name Zip Code 17011	Date of Receipt Date of Receipt 08 2018 Transaction ID : A2018-1816562 Amount of Each Receipt this Period 19.24
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Re	cupation (for Individual) gional Director of Finance e Year-to-Date ▼ 307,84	Memo Item
Full Name of Individual (Last, First, Middle I C. Sadler, Lynne, M, , Mailing Address 30 Cornell Drive Suite 1050 City Camp Hill FEC ID number of contributing federal political committee.	State PA	Drganization Name Zip Code 17011	Date of Receipt 08 / 24 / 2018 Transaction ID : A2018-1890655 Amount of Each Receipt this Period 19.24
Name of Employer (for Individual) Select Medical Corporation Receipt For:	Reç	cupation (for Individual) gional Director of Finance e Year-to-Date ▼	Memo Item

	r.		_									-
SUBTOTAL of Receipts This Page (optional)	l	_			9			9		23	0.79	_
	10			1		1.1	1.1		1	1.1		1.1
TOTAL This Period (last page this line number only)	L	_	_		-			-			-	

Other (specify)

327.08

100

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER: Use separate schedule(s) for each category of the (check only one)

•••				Detailed Summary Page	×	11a 13		11b 14	11c		12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the					for the		rpose o	f soliciti		ontribut	tions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC											
Α.	Full Name of Individual (Last, First, Middle Init Sadler, Lynne, M, , Mailing Address 30 Cornell Drive Suite 1050 City Camp Hill	tial) or Full C	Drgar	Zip Code 17011			act	tion ID		-1974		Y
	FEC ID number of contributing federal political committee.	С									19.2	
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Reg	giona	ion (for Individual) Il Director of Finance r-to-Date ▼ 346.32		M	em	o Item				
в.	Full Name of Individual (Last, First, Middle Init Sadler, Lynne, M, , Mailing Address 30 Cornell Drive Suite 1050	tial) or Full C	Drgar	nization Name		Date of	FR(eceipt 21		2	2018	Ŷ
	City Camp Hill FEC ID number of contributing federal political committee.	State PA		Zip Code 17011					A2018 - Receipt			24
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Re	giona	ion (for Individual) al Director of Finance r-to-Date ▼ 365.56		M	em	o Item				
C.	Full Name of Individual (Last, First, Middle Init Saich, John, A, Mr., Mailing Address 111 Daisy Ln	tial) or Full C	Drgar	nization Name		Date of	F Re	eceipt			2018	Y
	City Palmyra FEC ID number of contributing federal political committee.	State PA		Zip Code 17078-9202					: A2018 Receipt)0
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Exe	cutiv	ion (for Individual) e Vice President Chief HR O r-to-Date ▼ 5000.00		M	em	o Item				
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of				- - -			, . , .			5038.4	18

PAGE 185 OF

Ima	ige# 201810119124462919								
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)							F 243
	y information copied from such Reports and S								
or	for commercial purposes, other than using the	e name and	address of any political committe	e to so	olicit co	ntributions	from such		ee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA								
Α.	Full Name of Individual (Last, First, Middle In Sarfaty, Beth, R, Ms.,	itial) or Full (Organization Name		Date o	f Receipt			
	Mailing Address 34 Wall Street				м м 08	/ D		2018	Y
	City	State	Zip Code		Trans	saction ID	: A2018-1	816697	
	West Long Branch	NJ	07764			t of Each			
	FEC ID number of contributing federal political committee.	С						38.4	47
	Name of Employer (for Individual)	Oco	cupation (for Individual)		М	lemo Item			
	Select Medical Corporation	VP	Clinical Svcs & Quality Mgmt						
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General	00 0		1 I I					
	Other (specify)		615.52						
в.	Full Name of Individual (Last, First, Middle In Sarfaty, Beth, R, Ms.,	itial) or Full (Organization Name		Date o	f Receipt			
	Mailing Address 34 Wall Street				08	/ D		2018	Y
	City	State	Zip Code		Trans	action ID	: A2018-1	890789	
	West Long Branch	NJ	07764			t of Each			
	FEC ID number of contributing federal political committee.	С			<u> </u>	1 15 1		38.4	47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ? Clinical Svcs & Quality Mgmt		М	lemo Item			
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General Other (specify) ▼		653,99						
С.	Full Name of Individual (Last, First, Middle In Sarfaty, Beth, R, Ms.,	itial) or Full (Organization Name		Date o	f Receipt			
	Mailing Address 34 Wall Street				09	/ D		2018	Ŷ
	City	State	Zip Code		Trans	saction ID	: A2018-1	974531	
	West Long Branch	NJ	07764		Amoun	t of Each	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>	. , .	,	38.4	47
	Name of Employer (for Individual)	Oco	cupation (for Individual)	\neg	Μ	lemo Item			
	Select Medical Corporation		Clinical Svcs & Quality Mgmt						
	Receipt For:		e Year-to-Date ▼						
	Primary General	55 - 5-110							
	Other (specify)		692.46						

	-														
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)													
				13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.											
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С													
Α.	Full Name of Individual (Last, First, Middle In Sarfaty, Beth, R, Ms.,	itial) or Full O	rganization Name	Date of Receipt											
	Mailing Address 34 Wall Street			09 / 21 2018											
	City West Long Branch	State NJ	Zip Code 07764	Transaction ID : A2018-2130824 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		38.47											
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) Clinical Svcs & Quality Mgmt	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 730.93]											
в.	Full Name of Individual (Last, First, Middle In Schlichtmann, Phyllis, J, Ms., Mailing Address 59 E Fleming Pike	itial) or Full O	rganization Name	Date of Receipt											
	City Hammonton	State NJ	Zip Code 08037-2462	Transaction ID : A2018-1816666 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		38.47											
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1											
	Other (specify)		615.52												
C.	Full Name of Individual (Last, First, Middle In Schlichtmann, Phyllis, J, Ms.,	itial) or Full O	rganization Name	Date of Receipt											
	Mailing Address 59 E Fleming Pike			08 / D D / Y Y Y Y 2018											
	City Hammonton	State NJ	Zip Code 08037-2462	Transaction ID : A2018-1890758 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		38.47											
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) inistrator	Memo Item											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 653.99]											
				115.41											

SUBTOTAL of Receipts This Page (optional)	Ŀ	 	y	 	y	 	15.4	21
	Г							
TOTAL This Period (last page this line number only)	Ŀ	 	-7		7	-	- 10	

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page		che	LINE ck only 11a 13		MBER ne) 11b 14	PAG 11c 15	 88 O	F	2
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)										

\angle	-						
Α.		tial) or Full Or	ganization Name	Date of Receipt			
	Mailing Address 59 E Fleming Pike	09 / D D / Y Y Y Y 2018					
	City Hammonton	State NJ	Zip Code 08037-2462	Transaction ID : A2018-1974500			
			00007 2402	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		38.47			
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item			
	Select Medical Corporation	Admi	nistrator				
	Receipt For:	Aggregate \	/ear-to-Date ▼				
	Primary General Other (specify) ▼		692.46				
в.	Full Name of Individual (Last, First, Middle Init Schlichtmann, Phyllis, J, Ms.,	tial) or Full Or	ganization Name	Date of Receipt			
	Mailing Address 59 E Fleming Pike			M M / D / Y			
	City	State	Zip Code	Transaction ID : A2018-2130793			
	Hammonton	NJ	08037-2462	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		38.47			
	Name of Employer (for Individual) Select Medical Corporation		pation (for Individual) inistrator	Memo Item			
	Receipt For:	Aggregate \	/ear-to-Date ▼				
	Primary General Other (specify) ▼		, 730.93				
<u></u> с.	Full Name of Individual (Last, First, Middle Init Schmidt, Megan, P, Ms.,	tial) or Full Or	ganization Name	Date of Receipt			
	Mailing Address 204 Forest Lane North			08 10 2018			
	City	State	Zip Code	Transaction ID : A2018-1816576			
	Blountville	TN	37617	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		115.39			
	Name of Employer (for Individual) Select Medical Corporation		pation (for Individual) President	Memo Item			
	Receipt For: Primary General Other (specify)	Aggregate	/ear-to-Date ▼ 1846.24				
s	UBTOTAL of Receipts This Page (optional)		•	192.33			
Т	OTAL This Period (last page this line number	only)	••••••				

243

17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 189 OF 243 (check only one) Image: Check only one (Check only one) X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC)		
Α.	Full Name of Individual (Last, First, Middle Init Schmidt, Megan, P, Ms.,	ial) or Full C	organization Name	Date of Receipt
	Mailing Address 204 Forest Lane North			08 / D D / Y Y Y Y 08 24 2018
	City	State TN	Zip Code	Transaction ID : A2018-1890669
	Blountville		37617	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation	Vice	e President	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General		(00) 00	1
	Other (specify) v		1961.63	1
	Full Name of Individual (Last, First, Middle Init	ial) or Full C	organization Name	
В.	Schmidt, Megan, P, Ms.,			Date of Receipt
	Mailing Address 204 Forest Lane North			09 07 / Y Y Y Y 2018
	City	State TN	Zip Code	Transaction ID : A2018-1974411
	Blountville		37617	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		, 2077.02]
<u>с.</u>	Full Name of Individual (Last, First, Middle Init Schmidt, Megan, P, Ms.,	ial) or Full C	Organization Name	Date of Receipt
	Mailing Address 204 Forest Lane North			M M / D D / Y Y Y Y 09 21 2018
	City	State	Zip Code	Transaction ID : A2018-2130870
	Blountville	TN	37617	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		2192.41	1
s	UBTOTAL of Receipts This Page (optional)			346.17

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 190 OF

243

			Detailed Summary Page)	× 11a		11b	11c	12			
Ar	ny information copied from such Reports and	Statements ma	A not be sold or used by any n	erson	13 for the		14 rpose of	15 soliciting	16 contrib	utions		
	for commercial purposes, other than using t											
\setminus	NAME OF COMMITTEE (In Full)											
\angle	Select Medical Corporation PA											
٨	Full Name of Individual (Last, First, Middle I Schwab, Eric, , Mr.,	Initial) or Full C	Organization Name		Date o	of D	eceint					
<u>,</u>	Mailing Address 306 Mya Court			\neg			· .		- Y - Y	V		
					08		10		2018			
	City West Neutron	State	Zip Code					A2018-1				
	West Newtown	PA	15089	_	Amour	nt o	f Each F	Receipt th	is Perio	d		
	FEC ID number of contributing federal political committee.	С			Ľ		-	-		9.24		
	Name of Employer (for Individual)	Occ	upation (for Individual)	\neg	Ν	lem	o Item					
	Select Medical Corporation	CEC	O/Administrator - 001									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		307.84]								
В.	Full Name of Individual (Last, First, Middle I Schwab, Eric, , Mr.,		Date c	of R	eceipt							
	Mailing Address 306 Mya Court				08 24 2018							
	City	Zip Code		Transaction ID : A2018-1890769								
	West Newtown	PA	15089		Amour	nt o	f Each F	Receipt th	is Perio	d		
	FEC ID number of contributing federal political committee.			Ē		-9	-	19	9.24			
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) O/Administrator - 001		N	1em	io Item					
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		, 327.08]								
<u>с.</u>	Full Name of Individual (Last, First, Middle I Schwab, Eric, , Mr.,	Initial) or Full C	Prganization Name		Date o	of R	eceipt					
	Mailing Address 306 Mya Court				09	1	/ D 07		2018 [°]	Y		
	City West Newtown	State PA	Zip Code					A2018-1				
	West Newtown		15089	\neg	Amour	nt o	f Each F	Receipt th	iis Perio	d		
	FEC ID number of contributing federal political committee.	C			Ľ.		y	, j	19	9.24		
	Name of Employer (for Individual)	Occ	upation (for Individual)		N	/lem	no Item					
	Select Medical Corporation	D/Administrator - 001										
	Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) 346.32												
s	UBTOTAL of Receipts This Page (optional).			▶ _	ļ.	-	7	· · ·	57	7.72		
Т	OTAL This Period (last page this line number	ər only)		•								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 191 OF (check only one) Image: Check only one in the image: Check only one in the image: Check on the image: Ch
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Select Medical Corporation F	the name and a	ddress of any political committe	person for the purpose of soliciting contributi ee to solicit contributions from such committe
Full Name of Individual (Last, First, Middle Schwab, Eric, , Mr., Mailing Address 306 Mya Court	e Initial) or Full O	rganization Name	Date of Receipt
City West Newtown	State PA	Zip Code 15089	Transaction ID : A2018-2130804 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.2
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) D/Administrator - 001	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.56	
Full Name of Individual (Last, First, Middle B. Selman, David, B, Mr., Mailing Address 15145 N 104th Way	e Initial) or Full O	rganization Name	Date of Receipt
City Scottsdale	State AZ	Zip Code 85255-8570	08 10 2018 Transaction ID : A2018-1816674 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.4
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 615.52	

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

Mailing Address 15145 N 104th Way			M M / D D / Y Y Y Y 08 24 2018
City	State AZ	Zip Code	Transaction ID : A2018-1890766
Scottsdale FEC ID number of contributing federal political committee.	С	85255-8570	Amount of Each Receipt this Period 38.47 Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occup: Admini	ation (for Individual) strator	
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date	
SUBTOTAL of Receipts This Page (optional)		▶	96.18
TOTAL This Period (last page this line number	r only)	•••••	

,

soliciting contributions

Date of Receipt

243

Ima	age# 201810119124462925										
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 192 OF 24 (check only one) 11a 11a 11b 12 10							
	ny information copied from such Reports and S for commercial purposes, other than using the	erson for the purpose of soliciting contributions	7								
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA										
Full Name of Individual (Last, First, Middle Initial) or A. Selman, David, B, Mr.,			Organization Name	Date of Receipt							
	Mailing Address 15145 N 104th Way			09 07 2018							
	City	State AZ	Zip Code	Transaction ID : A2018-1974508							
	Scottsdale	AZ	85255-8570	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		38.47]						
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
	Select Medical Corporation		ninistrator								
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General	, iggi eguie		1							
	Other (specify) v		692.46								
В.	Full Name of Individual (Last, First, Middle In Selman, David, B, Mr.,	itial) or Full C	Organization Name	Date of Receipt							
	Mailing Address 15145 N 104th Way			09 21 2018							
	City	State	Zip Code	Transaction ID : A2018-2130801							
	Scottsdale	AZ	85255-8570	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		38.47							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator	Memo Item							
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Other (specify) ▼		730.93								
с.	Full Name of Individual (Last, First, Middle In Shaffer, Deanne, L, ,	itial) or Full C	Organization Name	Date of Receipt							
	Mailing Address 9145 Lakewood Drive Suite 1050			08 / D D / Y Y Y Y 08 10 2018							
	City	State	Zip Code	Transaction ID : A2018-1816559							
	Whitmore Lake	MI	48189	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		19.24]						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) jonal Director of Case Manageme	n Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 307.84								

SUBTOTAL of Receipts This Page (optional)	ſ					ç	96.18	3
	5		7		y		-	_
	1							
TOTAL This Period (last page this line number only)	۰.	 		 		 	-	

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 193 OF (check only one)							
Any information copied from such Reports and or commercial purposes, other than using	d Statements ma the name and ac	y not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributio							
NAME OF COMMITTEE (In Full) Select Medical Corporation P	AC									
Full Name of Individual (Last, First, Middle Shaffer, Deanne, L, ,	Initial) or Full Or	ganization Name	Date of Receipt							
Mailing Address 9145 Lakewood Drive Suite 1050			08 24 2018							
City Whitmore Lake	State MI	Zip Code 48189	Transaction ID : A2018-1890652 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		19.24							
Name of Employer (for Individual)		pation (for Individual)	Memo Item							
Select Medical Corporation Receipt For: Primary General Other (specify) ▼		onal Director of Case Manageme Year-to-Date ▼ 327.08								
Full Name of Individual (Last, First, Middle Shaffer, Deanne, L, ,	Initial) or Full Or	ganization Name	Date of Receipt							
Mailing Address 9145 Lakewood Drive Suite 1050			09 07 2018							
City Whitmore Lake	State MI	Zip Code 48189	Transaction ID : A2018-1974394 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		19.24							
Name of Employer (for Individual) Select Medical Corporation		pation (for Individual) ional Director of Case Manageme	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 346.32]							
Full Name of Individual (Last, First, Middle . Shaffer, Deanne, L, ,	Initial) or Full Or	ganization Name	Date of Receipt							
Mailing Address 9145 Lakewood Drive Suite 1050	State	Zip Code	09 21 2018 Transaction ID : A2018-2130853							
Whitmore Lake	MI	48189	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		19.24							
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item							

Occupation (for Individual)

Aggregate Year-to-Date V

SUBTOTAL of Receipts This Page (optional).....

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

Regional Director of Case Managemen

1

365.56

Name of Employer (for Individual)

General

Select Medical Corporation

Other (specify)

Receipt For:

Primary

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

57.72

-

243

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

PAGE 194 OF

116				for each category of the Detailed Summary Page		×	11a 13	F	1	1b 4		11c 15		12 16	17	
	y information copied from such Reports and St for commercial purposes, other than using the						or the		rpo	se o		liciting	con	tribut	ions	
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	, ,														
A.	Full Name of Individual (Last, First, Middle Initi Sheffield, Loretta, W, Mrs.,	al) or Full C)rga	nization Name		Date of Receipt										
	Mailing Address 2360 Mill Rd			_	09 / 26 / Y Y Y Y 2018 Transaction ID : A2018-2157159											
	City Mechanicsburg	State PA		Zip Code 17055-6081								2018-2 ceipt th				
	FEC ID number of contributing federal political committee.	С					mour		1		nec			000.0	00	
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) resident		l	N	1em	o li	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 3000.00												
	Full Name of Individual (Last, First, Middle Initi Shovlin, Tyler, J, ,	al) or Full C)rga	nization Name		D	ate c	of Re	ece	eipt						
	Mailing Address 2910 Legacy Commons Plz Apt 308 Suite 1050								′	10	D)	/ Y	y 201	8	Y	
	City Omaha	State NE		Zip Code 68130-1849	Transaction ID : A2018-1816582 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.								,			-		76.9	93	
	Name of Employer (for Individual) Select Medical Corporation			ation (for Individual) resident			N	lemo	o li	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1230.88												
	Full Name of Individual (Last, First, Middle Initi Shovlin, Tyler, J, ,	al) or Full C)rga	nization Name		D	ate c	of Re	ece	eipt						
	Mailing Address 2910 Legacy Commons Plz Ap Suite 1050					l	[™] 08	1	′	D 24		/ Y	201	8 8	Y	
	City Omaha	State NE		Zip Code 68130-1849		A						2018-1 ceipt th				
	FEC ID number of contributing federal political committee.	С	-			ļ	_		,			5		76.9	93	
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Vice	e Pr	tion (for Individual) esident ar-to-Date ▼			N	/lemo	o l	tem						
	Primary General Other (specify)															
รเ	JBTOTAL of Receipts This Page (optional)			······					,			y	3′	153.8	36	
тс	OTAL This Period (last page this line number o	only)				l			,			-				

SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	Use for e Deta

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

(check only one)

PAGE 195 OF

•••			Detailed Summary Page	×	_		11b	11c	12	<u> </u>							
Δr	y information copied from such Reports and	Statements m	av not be sold or used by any n		13 for the	nurr	14	15 soliciting	0 16	17 tions							
	for commercial purposes, other than using t																
\setminus	NAME OF COMMITTEE (In Full)																
	Select Medical Corporation PA	AC															
	Full Name of Individual (Last, First, Middle	Initial) or Full C	organization Name														
Α.	Shovlin, Tyler, J, ,	A + 000			Date of		· .										
	Mailing Address 2910 Legacy Commons Plz	Apt 308			м м 09	/	07	/ Y	Y Y 2018	Y							
	Suite 1050	State	Zip Code			acti		A2018-19									
	Omaha	NE	68130-1849					eceipt thi									
	FEC ID number of contributing federal political committee.	С		76.93													
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item													
	Receipt For:			_													
	Primary General	Ayyreyate	Year-to-Date ▼														
	Other (specify) V		1384.74														
В.	Full Name of Individual (Last, First, Middle Shovlin, Tyler, J, ,	Initial) or Full C	organization Name		Date of	f Re	ceipt										
	Mailing Address 2910 Legacy Commons Plz Suite 1050	Apt 308			09 / D D / Y Y Y Y Y 21 2018												
	City	State	Zip Code		Trans	acti	on ID : /	A2018-21	30876	_							
	Omaha	NE	68130-1849	/	Amoun	t of	Each R	eceipt thi	is Period								
	FEC ID number of contributing federal political committee.	С		76.93													
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President		М	emo	Item										
	Receipt For:	Aggregate	Year-to-Date ▼														
	Primary General Other (specify) ▼		1461.67	1													
<u> </u>	Full Name of Individual (Last, First, Middle Siffring, Connie, K, ,	Initial) or Full C	rganization Name		Date of	f Re	ceipt										
	Mailing Address 2968 Church St		· · · · · · · · · · · · · · · · · · ·		08	/	D D 10	/ Y	2018	Y							
	City	State	Zip Code		Trans	sacti	ion ID :	A2018-1	816597								
	Bettendorf	IA	52722-8239	/	Amoun	t of	Each R	eceipt thi	is Period								
	FEC ID number of contributing federal political committee.	С					y	, ,	38.	47							
	Name of Employer (for Individual)	Occ	upation (for Individual)		M	emo	Item										
	Select Medical Corporation	Adm	ninistrator														
	Receipt For:	Aggregate	Year-to-Date V														
	Primary General		615 52	11.													
	Other (specify)		615.52														
s	UBTOTAL of Receipts This Page (optional).					-	y	- y	192.	33							
Т	OTAL This Period (last page this line number	er only)		•			-										

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)												
11				tegory of the mmary Page	X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and Sta for commercial purposes, other than using the r				erson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC													
<u> </u>	Full Name of Individual (Last, First, Middle Initia Siffring, Connie, K, ,	al) or Full C	rganization Nar	ne	Date of Receipt									
	Mailing Address 2968 Church St				08 / D / Y Y Y Y 08 24 2018									
	City Bettendorf	State IA	Zip Code 52722-82	239	Transaction ID : A2018-1890690 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			38.47									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Ind ninistrator	ividual)	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	653.99]									
B	Full Name of Individual (Last, First, Middle Initia Siffring, Connie, K, ,	al) or Full C	rganization Nar	ne	Date of Receipt									
υ.	Mailing Address 2968 Church St		09 07 2018											
	City Bettendorf	State IA	Zip Code 52722-82	239	Transaction ID : A2018-1974432 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			38.47									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Ind ninistrator	lividual)	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	692.46]									
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Siffring, Connie, K, ,	al) or Full C	rganization Nar	ne	Date of Receipt									
	Mailing Address 2968 Church St				M M / D D / Y Y Y Y 09 21 2018									
	City Bettendorf	State IA	Zip Code 52722-82	39	Transaction ID : A2018-2130891 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			38.47									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Ind ninistrator	ividual)	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	730.93]									
s	UBTOTAL of Receipts This Page (optional)				115.41									

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 197 OF 243 (check only one) 11a 11a 11b 13 14										
	y information copied from such Reports and Sta for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC													
Α.	Full Name of Individual (Last, First, Middle Initia Simodejka, John, E, ,	al) or Full C	Drganization Name	Date of Receipt										
	Mailing Address 2 Cottage HI W			08 / D D / Y Y Y Y Y 08 10 2018										
	City Pottsville	State PA	Zip Code 17901-1816	Transaction ID : A2018-1816652 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		38.47										
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 615.52											
в.	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Drganization Name	Date of Receipt										
	Mailing Address 2 Cottage HI W			08 24 2018										
	City Pottsville	State PA	Zip Code 17901-1816	Transaction ID : A2018-1890744 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		38.47										
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 653.99											
с.	Full Name of Individual (Last, First, Middle Initia Simodejka, John, E, ,	al) or Full C	Drganization Name	Date of Receipt										
	Mailing Address 2 Cottage HI W			09 / D D / Y Y Y Y 09 07 2018										
	City Pottsville	State PA	Zip Code 17901-1816	Transaction ID : A2018-1974486 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		38.47										
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ninistrator	Memo Item										
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 692.46											
s	UBTOTAL of Receipts This Page (optional)			115.41										

	ag en 201010113124402331														
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(che	ck onl		MBER: ne)	PAGE	198 OF	243					
•••			Detailed Summary Page	×			11b	11c	12	_					
	y information copied from such Reports and S														
or	for commercial purposes, other than using the	e name and	address of any political committee	e to so	licit coi	ntrib	utions	from such	committee	Э.					
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA(C													
Α.	Full Name of Individual (Last, First, Middle Ini Simodejka, John, E, ,	tial) or Full (Drganization Name		Date of	f Re	ceipt								
	Mailing Address 2 Cottage HI W			M = M / D = D / Y = Y = Y Y 09 21 2018 2018 2018											
	City	State	Zip Code		Trans	acti	on ID :	A2018-21	30779						
	Pottsville	PA	17901-1816	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С							38.47	·					
	Name of Employer (for Individual)		cupation (for Individual) ministrator		M	emo	Item								
	Select Medical Corporation Receipt For:														
	Primary General	Aggregate	e Year-to-Date ▼												
	Other (specify)		730.93	4											
	Full Name of Individual (Last, First, Middle In	itial) or Full (Drganization Name												
В.	Singer, Deborah, L, Mrs.,			Date of	f Re	ceipt									
	Mailing Address 195 Honeybelle Oval			08 10 2018											
	City	State	Zip Code	Transaction ID : A2018-1816696											
	Chagrin Falls	ОН	44022	A			-	Receipt this							
	FEC ID number of contributing federal political committee.	С							115.39						
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President		M	emo	Item								
	Receipt For:	Aggregate	e Year-to-Date ▼												
	Primary General		4040.04	11											
	Other (specify) v		1846.24	4											
<u>с</u> .	Full Name of Individual (Last, First, Middle Ini Singer, Deborah, L, Mrs.,	tial) or Full (Drganization Name		Date of	f Re	ceipt								
	Mailing Address 195 Honeybelle Oval				м м 08	/	24		2018	1					
	City	State	Zip Code		Trans	acti	ion ID :	A2018-18	90788						
	Chagrin Falls	ОН	44022	A	Amount	t of	Each F	Receipt this	s Period						
	FEC ID number of contributing federal political committee.	С					y .	, ,	115.39						
	Name of Employer (for Individual)		cupation (for Individual)		М	emo	Item								
	Select Medical Corporation		nior Vice President												
	Receipt For: Primary General	Aggregate Year-to-Date ▼													
	Other (specify)		1961.63]											
			, , , , , , , , , , , , , , , , , , , ,	-											

SUBTOTAL of Receipts This Page (optional)			,		,	26	9.25	_
	Г							
TOTAL This Period (last page this line number only)	L	 	-	 	-	 _	-	

L

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 199 OF 243 (check only one) I1a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and Sta for commercial purposes, other than using the r			person for the purpose of soliciting contributions ee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC												
Α.	Full Name of Individual (Last, First, Middle Initia Singer, Deborah, L, Mrs.,	ll) or Full C	Drganization Name	Date of Receipt									
	Mailing Address 195 Honeybelle Oval			09 / D D / Y Y Y Y 2018									
	City Chagrin Falls	State OH	Zip Code 44022	Transaction ID : A2018-1974530									
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2077.02										
в.	Full Name of Individual (Last, First, Middle Initia Singer, Deborah, L, Mrs., Mailing Address 195 Honeybelle Oval	ll) or Full C	Drganization Name	Date of Receipt									
	City Chagrin Falls	State OH	Zip Code 44022	Transaction ID : A2018-2130823 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		115.39									
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2192.41										
с.	Full Name of Individual (Last, First, Middle Initia Skinner, Gloria, J, Mrs.,	l) or Full C	Drganization Name	Date of Receipt									
	Mailing Address 1685 North 700 West	Ctoto	Zin Code										
	City Columbus	State IN	Zip Code 47201	Transaction ID : A2018-1816692 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С											
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1846.24										
s	UBTOTAL of Receipts This Page (optional)			346.17									

I				 		 			
	TOTAL This Period (last page this line number only)	L	_	 _	_	 _	_	- 10	_

L

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		fo	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 200 OF 243 (check only one) ************************************									
	y information copied from such Reports and St for commercial purposes, other than using the				rson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	,												
Α.	Full Name of Individual (Last, First, Middle Initi Skinner, Gloria, J, Mrs.,	al) or Full C	Drgar	nization Name	Date of Receipt									
	Mailing Address 1685 North 700 West				08 24 2018									
	City Columbus	State IN		Zip Code 47201	Transaction ID : A2018-1890784 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			115.39									
	Name of Employer (for Individual) Select Medical Corporation	Ser	nior V	ion (for Individual) /ice President	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1961.63										
в.	Full Name of Individual (Last, First, Middle Init Skinner, Gloria, J, Mrs., Mailing Address 1685 North 700 West	al) or Full C	Drgar	nization Name	Date of Receipt									
	1000 North 700 West				09 07 _2018 _									
	City Columbus	State IN		Zip Code 47201	Transaction ID : A2018-1974526 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			115.39									
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) √ice President	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2077.02										
<u>с.</u>	Full Name of Individual (Last, First, Middle Initi Skinner, Gloria, J, Mrs.,	al) or Full C	Drgar	nization Name	Date of Receipt									
-	Mailing Address 1685 North 700 West				09 21 2018									
	City Columbus	State IN		Zip Code 47201	Transaction ID : A2018-2130819 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			115.39									
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) /ice President	Memo Item									
	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary General Other (specify)		-	2192.41										

SUBTOTAL of Receipts This Page (optional)							340	6.17	
SUBTOTAL of Receipts This Page (optional)	-	1		y		y	1		
		17	1.1		1.1	 	 1.1	1.1	1.1
TOTAL This Period (last page this line number only)	_			-		 -		-	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 201 OF 243 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and Sta for commercial purposes, other than using the r												
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC												
Α.	Skinner, Jon, C, Mr.,												
	Mailing Address 5200 Topaz Ct	1		08 / D D / Y Y Y Y 2018									
	City Flower Mound	State TX	Zip Code 75022-8143	Transaction ID : A2018-1816623 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		115.39									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1846.24]									
В.	Full Name of Individual (Last, First, Middle Initia Skinner, Jon, C, Mr.,	l) or Full C	Organization Name	Date of Receipt									
	Mailing Address 5200 Topaz Ct		08 24 2018										
	City Flower Mound	State TX	Zip Code 75022-8143	Transaction ID : A2018-1890715 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		115.39									
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 1961.63]									
<u> </u>	Full Name of Individual (Last, First, Middle Initia Skinner, Jon, C, Mr.,	ll) or Full C	Organization Name	Date of Receipt									
	Mailing Address 5200 Topaz Ct			09 / D D / Y Y Y Y Y 07 / 2018									
	City Flower Mound	State TX	Zip Code 75022-8143	Transaction ID : A2018-1974457 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		115.39									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2077.02]									
s	UBTOTAL of Receipts This Page (optional)			346.17									

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

Image#	201810119124462935			
	EDULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 202 OF 243 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
or for c		e name and a		person for the purpose of soliciting contributions be to solicit contributions from such committee.
Full A. Ski	Name of Individual (Last, First, Middle Ir nner, Jon, C, Mr., ng Address 5200 Topaz Ct		Organization Name	Date of Receipt
City	ver Mound	State TX	Zip Code 75022-8143	09 21 2018 Transaction ID : A2018-2130916 Amount of Each Receipt this Period
fede	ID number of contributing ral political committee. e of Employer (for Individual)	C	upation (for Individual)	115.39 Memo Item
Sele	ct Medical Corporation eipt For: Primary General Other (specify) ▼	Vic	e President Year-to-Date ▼ 2192.41	
B. Slo	Name of Individual (Last, First, Middle Ir bozien, Mary, G, Ms., ng Address 430 Brookwood Drive	nitial) or Full C	Organization Name	Date of Receipt
	nyra ID number of contributing ral political committee.	State PA	Zip Code 17078	Transaction ID : A2018-1816544 Amount of Each Receipt this Period 38.47
Narr Sele	e of Employer (for Individual) the Medical Corporation	Occ	cupation (for Individual) e President	Memo Item
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 615.52]
C. Slo	Name of Individual (Last, First, Middle Ir Dbozien, Mary, G, Ms., ng Address 430 Brookwood Drive	nitial) or Full C	Organization Name	Date of Receipt
	nyra ID number of contributing	State PA	Zip Code 17078	Transaction ID : A2018-1890637 Amount of Each Receipt this Period
fede Nam	ral political committee.		supation (for Individual)	38.47 Memo Item
	et Medical Corporation eipt For: Primary General Other (specify)		e President Year-to-Date ▼ 653.99	1

192.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)...... 1.000

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 203 OF 243 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Slobozien, Mary, G, Ms.,	ll) or Full C	Organization Name	Date of Receipt
	Mailing Address 430 Brookwood Drive			09 07 2018
	City Palmyra	State PA	Zip Code 17078	Transaction ID : A2018-1974379 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.46]
В.	Full Name of Individual (Last, First, Middle Initia Slobozien, Mary, G, Ms.,	ll) or Full C	Organization Name	Date of Receipt
	Mailing Address 430 Brookwood Drive			09 21 2018
	City Palmyra	State PA	Zip Code 17078	Transaction ID : A2018-2130838 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 730.93]
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Slonaker-Wheeler, Dawne, A, Ms.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 1619 55th Street NE	1		08 10 / Y Y Y Y Y 08 10
	Canton	State OH	Zip Code 44721	Transaction ID : A2018-1816608 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 615.52]
s	UBTOTAL of Receipts This Page (optional)			115.41

1 1 4p 1 1 4p 1 1 4p 1

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 204 OF

243

	EMIZED RECEIPTS		for each category of the Detailed Summary Page)	< 11a		_	11b		11c		12	
	y information copied from such Reports and Sta						Irp						
or	for commercial purposes, other than using the	name and a	iddress of any political committee	to s	Olicit	contri	IDU	itions	; fr	om su	ch c	ommitt	ee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC												
Α.	Full Name of Individual (Last, First, Middle Initi Slonaker-Wheeler, Dawne, A, Ms.,	al) or Full O	organization Name		Date	of R	lec	ceipt					
	Mailing Address 1619 55th Street NE				M 08		/	D 24				2018	Y
	City	State	Zip Code		Tra	nsac	tic	on ID	:/	42018-	1890)701	
	Canton	ОН	44721	_	Amo	int o	fE	Each	Re	eceipt t	his I	Period	
	FEC ID number of contributing federal political committee.	С					4	_		-		38.4	17
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator			Mem	10	Item					
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General Other (specify) ▼		653.99										
В.	Full Name of Individual (Last, First, Middle Initi Slonaker-Wheeler, Dawne, A, Ms.,	al) or Full O	organization Name		Date	of R	lec	ceipt					
	Mailing Address 1619 55th Street NE				M 09	M	/	0	-			018	Y
	City	State	Zip Code		Tra	nsac	tio	on ID	: /	2018-	1974	443	
	Canton	OH	44721		Amo	int o	fE	Each	Re	eceipt t	his I	Period	
	FEC ID number of contributing federal political committee.	С					4			-		38.4	17
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	_		Mem	10	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692,46										
— c.	Full Name of Individual (Last, First, Middle Initi Slonaker-Wheeler, Dawne, A, Ms.,		organization Name		Date	of R	lec	ceipt					
	Mailing Address 1619 55th Street NE				M 09	М	/	۔ 2		′ [018	Y
	City	State OH	Zip Code							A2018-			
	Canton		44721	_	Amo	int o	fE	Each	Re	eceipt t	his I	Period	
	FEC ID number of contributing federal political committee.	С			Ē	_				y		38.4	17
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator			Merr	10	ltem					
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify)		730.93										
⊢	UBTOTAL of Receipts This Page (optional)					-				· · ·	-	115.4	11

S	HEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 205 OF 243
	EMIZED RECEIPTS		for each	parate schedule(s) category of the Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Sloterbeek, Meridell, , Mrs.,	l) or Full C	Organization	Name	Date of Receipt
	Mailing Address 164 E Dawn Dr				08 / D D / Y Y Y Y 08 10 2018
	City Tempe	State AZ	Zip Co 8528	ode 34-3160	Transaction ID : A2018-1816541 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for e President	Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Da	te ▼ 1846.24	1
В.	Full Name of Individual (Last, First, Middle Initia Sloterbeek, Meridell, , Mrs.,	l) or Full C	Organization	Name	Date of Receipt
υ.	Mailing Address 164 E Dawn Dr				08 24 2018
	City Tempe	State AZ	Zip Co 8528	ode 4-3160	Transaction ID : A2018-1890634 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for e President	Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Da	te ▼ 1961.63	1
с.	Full Name of Individual (Last, First, Middle Initia Sloterbeek, Meridell, , Mrs.,	l) or Full C	Organization	Name	Date of Receipt
	Mailing Address 164 E Dawn Dr				M M / D D / Y Y Y Y 09 07 2018
	City Tempe	State AZ	Zip Co 85284	ode 4-3160	Transaction ID : A2018-1974376 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for e President	Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Da	te ▼ 2077.02]
s	UBTOTAL of Receipts This Page (optional)				346.17

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 206 OF 243 (check only one) I1a I1a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Sloterbeek, Meridell, , Mrs.,	ll) or Full C	Organization Name	Date of Receipt
	Mailing Address 164 E Dawn Dr			09 / 21 / Y Y Y Y 2018
	City Tempe	State AZ	Zip Code 85284-3160	Transaction ID : A2018-2130835 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2192.41]
В.	Full Name of Individual (Last, First, Middle Initia Smacher, Michele, M, ,	l) or Full C	Organization Name	Date of Receipt
Δ.	Mailing Address 11 South Alydar Blvd. Suite 1050	Otata	The Octo	08 / 10 / 2018
	City Dillsburg	State PA	Zip Code 17019	Transaction ID : A2018-1816584 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ector of Financial Planning & An	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.84]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Smacher, Michele, M, ,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 11 South Alydar Blvd. Suite 1050 City	State	Zip Code	M M / D J Y
	Dillsburg	PA	17019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) actor of Financial Planning & An	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 327.08]
s	UBTOTAL of Receipts This Page (optional)			153.87

SUBTOTAL of Receipts This Page (optional)	Ļ	-		y	_	-	y		10	53.01
TOTAL This Pariod (last page this line number only)	Γ									
TOTAL This Period (last page this line number only)	Ŀ			7		-	7	1		- 197

Image# 201810119124462940			
SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 207 OF 243 (check only one) 11a 11a 11b 13 14
			person for the purpose of soliciting contributions te to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation P			
Full Name of Individual (Last, First, Middle A. Smacher, Michele, M, ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 11 South Alydar Blvd. Suite 1050			09 07 2018
City Dillsburg	State PA	Zip Code 17019	Transaction ID : A2018-1974419 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.24
Name of Employer (for Individual)		upation (for Individual)	Memo Item
Select Medical Corporation Receipt For: Primary General Other (specify) ▼		ector of Financial Planning & An Year-to-Date ▼ 346.32]
Full Name of Individual (Last, First, Middle B. Smacher, Michele, M, , Mailing Address 11 South Alydar Blvd. Suite 1050 City Dillsburg FEC ID number of contributing federal political committee.	State PA	Zip Code 17019	Date of Receipt 09 21 2018 Transaction ID : A2018-2130878 Amount of Each Receipt this Period 19.24
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Dire	upation (for Individual) ector of Financial Planning & An Year-to-Date ▼ 365.56	Memo Item
Full Name of Individual (Last, First, Middle C. Smith, Nigel, D, Mr., Mailing Address 4431 Block Otter Trail	I Initial) or Full C	Prganization Name	Date of Receipt
City Dallas	State TX	Zip Code 75287	Transaction ID : A2018-1816624
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 38.47
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 615.52	

	Г								7	6.95	;	1
SUBTOTAL of Receipts This Page (optional)	L.,	1	1	y	1	1	9	1			-	4
												٦
TOTAL This Period (last page this line number only)	L			-			-			-		J

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(che	LINE ck only 11a 13	NUMBER / one) 11b 14	R:	PAGE 11c 15	08 OF 12 16	
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a								
NAME OF COMMITTEE (In Full) Select Medical Corporation PAC								

Α.	Full Name of Individual (Last, First, Middle In Smith, Nigel, D, Mr.,	itial) or Full Organization Name	Date of Receipt
	Mailing Address 4431 Block Otter Trail		M M / D D / Y
	City	State Zip Code TX 75287	Transaction ID : A2018-1890716
	Dallas	TX 75287	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	38.47
	Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
	Select Medical Corporation	Administrator (Ex)	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	653.99	
В.	Full Name of Individual (Last, First, Middle Ir Smith, Nigel, D, Mr.,	itial) or Full Organization Name	Date of Receipt
	Mailing Address 4431 Block Otter Trail		09 07 / Y Y Y Y 2018
	City	State Zip Code	Transaction ID : A2018-1974458
	Dallas	TX 75287	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	38.47
	Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 692.46	
с.	Full Name of Individual (Last, First, Middle Ir Smith, Nigel, D, Mr.,	itial) or Full Organization Name	Date of Receipt
	Mailing Address 4431 Block Otter Trail		09 21 2018
	City	State Zip Code	Transaction ID : A2018-2130917
	Dallas	TX 75287	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	38.47
	Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 730.93	
s	UBTOTAL of Receipts This Page (optional)	▶	115.41

243

17

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

1 1 4p 1 1 4p 1 1 4p 1

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule for each category of th Detailed Summary Pag		-
An or	y information copied from such Reports and Stai for commercial purposes, other than using the n	tements ma ame and a	ay not be sold or used by address of any political con	any person for the punittee to solicit contr	urpose of soliciting contributions ributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Stover, Justin, E, , Mailing Address 1619 Fox Hollow Road	l) or Full C	Organization Name	Date of F	Receipt
	City Mechanicsburg	State PA	Zip Code 17055		10 2018 ction ID : A2018-1816542 of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	upation (for Individual) e President Year-to-Date ▼ 1846.2		no Item
В.	Full Name of Individual (Last, First, Middle Initia Stover, Justin, E, , Mailing Address 1619 Fox Hollow Road	l) or Full C	Organization Name	Date of F	Receipt / 24 2018
	City Mechanicsburg FEC ID number of contributing federal political committee.	State PA	Zip Code 17055	Transac	tion ID : A2018-1890635 of Each Receipt this Period 115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Men	no Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1961.¢	3	
С.	Full Name of Individual (Last, First, Middle Initia Stover, Justin, E, , Mailing Address 1619 Fox Hollow Road	l) or Full C	Organization Name	Date of F	
	City Mechanicsburg	State PA	Zip Code 17055		07 2018 ction ID : A2018-1974377 of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Vice	upation (for Individual) President Year-to-Date ▼ 2077.0		no Item
s	JBTOTAL of Receipts This Page (optional)				346.17

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 210 OF 243 (check only one)				
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$				
	y information copied from such Reports and Sta for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC							
Α.	Full Name of Individual (Last, First, Middle Initia Stover, Justin, E, ,	al) or Full C	Drganization Name	Date of Receipt				
	Mailing Address 1619 Fox Hollow Road			09 / D D / Y Y Y Y 21 2018				
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2018-2130836 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		115.39				
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2192.41]				
В.	Full Name of Individual (Last, First, Middle Initia Streepy, Kurt, S, Mr.,	al) or Full C	Drganization Name	Date of Receipt				
	Mailing Address 3128 Mattatha Drive			08 10 / Y Y Y Y				
	City Bloomington	State IN	Zip Code 47401	Transaction ID : A2018-1816548 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		19.24				
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 307.84]				
с.	Full Name of Individual (Last, First, Middle Initia Streepy, Kurt, S, Mr.,	al) or Full C	Drganization Name	Date of Receipt				
	Mailing Address 3128 Mattatha Drive			08 / D D / Y Y Y Y 08 24 2018				
	City Bloomington	State IN	Zip Code 47401	Transaction ID : A2018-1890641 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		19.24				
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 327.08]				
s	UBTOTAL of Receipts This Page (optional)			153.87				

I I APR I I APR I I APR I

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 211 OF 243 (check only one) Image: Check only one (Check only one) X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and Sta for commercial purposes, other than using the r								
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC								
Α.	Full Name of Individual (Last, First, Middle Initia Streepy, Kurt, S, Mr.,	l) or Full C	organization Name	Date of Receipt					
	Mailing Address 3128 Mattatha Drive			M = M / D = D / Y = Y = Y Y 09 07 2018					
	City Bloomington	State IN	Zip Code 47401	Transaction ID : A2018-1974383 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		19.24					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.32]					
В.	Full Name of Individual (Last, First, Middle Initia Streepy, Kurt, S, Mr.,	l) or Full C	Prganization Name	Date of Receipt					
	Mailing Address 3128 Mattatha Drive	1		09 21 2018					
	City Bloomington	State IN	Zip Code 47401	Transaction ID : A2018-2130842 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		19.24					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) nior Vice President	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.56]					
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Sudo, Nicoll, A, ,	l) or Full C	organization Name	Date of Receipt					
	Mailing Address 3306 2000 Rd Suite 1050	State	Zip Code	08 / D D / Y Y Y Y 08 10 2018					
	City Delta	CO	81416-9549	Transaction ID : A2018-1816575 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.				19.24					
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Chie	upation (for Individual) ef Nursing Officer Year-to-Date ▼ 307.84	Memo Item					
s	UBTOTAL of Receipts This Page (optional)			57.72					

1 1 4p 1 1 4p 1 1 4p 1

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
	and Statements may not be sold or used by any pe ng the name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Select Medical Corporation	PAC	
Full Name of Individual (Last, First, Mide Sudo, Nicoll, A, ,	lle Initial) or Full Organization Name	Date of Receipt
Mailing Address 3306 2000 Rd 	State Zip Code	08 / 24 / 2018 Transaction ID : A2018-1890668
Delta	CO 81416-9549	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.24
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Chief Nursing Officer	Memo Item
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	327.08	
Full Name of Individual (Last, First, Mide B. Sudo, Nicoll, A, ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 3306 2000 Rd Suite 1050		09 07 / Y Y Y Y Y 09 07 2018
City Delta	StateZip CodeCO81416-9549	Transaction ID : A2018-1974410 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.24
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Chief Nursing Officer	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 346.32	
Full Name of Individual (Last, First, Mido C. Sudo, Nicoll, A, ,	lle Initial) or Full Organization Name	Date of Receipt
Mailing Address 3306 2000 Rd Suite 1050		09 / D / Y Y Y Y 2018
City Delta	StateZip CodeCO81416-9549	Transaction ID : A2018-2130869 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.24
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Chief Nursing Officer	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 365.56	
	al) mber only)	57.72

PAGE 212 OF

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 213 OF 243 (check only one) Image: Check only one (Check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements m le name and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C		
Full Name of Individual (Last, First, Middle Ir A. Supplee, Linda, K, Mrs., Mailing Address 115 E. Willow Drive City Zanesville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation	State OH C	Drganization Name Zip Code 43701 upation (for Individual) ninistrator	Date of Receipt
Receipt For: Primary General Other (specify) ▼	1	Year-to-Date ▼ 615.52]
Full Name of Individual (Last, First, Middle Ir B. Supplee, Linda, K, Mrs., Mailing Address 115 E. Willow Drive City Zanesville	State	Zip Code 43701	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation	C	upation (for Individual)	Amount of Each Receipt this Period 38.47 Memo Item
Receipt For: Primary General Other (specify) ▼	L	ninistrator Year-to-Date ▼ 653.99]
C. Supplee, Linda, K, Mrs., Mailing Address 115 E. Willow Drive	nitial) or Full C	Organization Name	Date of Receipt
City Zanesville FEC ID number of contributing federal political committee.	State OH	Zip Code 43701	Transaction ID : A2018-1974418 Amount of Each Receipt this Period 38.47
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Adn	upation (for Individual) ninistrator Year-to-Date ▼ 692.46	Memo Item
SUBTOTAL of Receipts This Page (optional)			115.41

	age# 201010113124402347											
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS				FOR LINE NUMBER: PAGE 214 OF 243 (check only one)							
			Detailed Summary Page	X 11	a	11b		11c	12			
	ny information copied from such Reports and S for commercial purposes, other than using the				he pu							
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA				contin	DULIONS			comm	illee.		
Α.	Full Name of Individual (Last, First, Middle In Supplee, Linda, K, Mrs.,	itial) or Full C	Organization Name	Date	e of R	eceipt						
	Mailing Address 115 E. Willow Drive				9	/ D 2	D 1	/ Y	ү ү 2018	Y		
	City Zanesville	State OH	Zip Code 43701						130877 is Perio	d		
	FEC ID number of contributing federal political committee.	С				-j-	_	-	38	3.47		
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator		Mem	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 730.93]								
В.	Full Name of Individual (Last, First, Middle In Tarvin, Michael, E, Mr., Mailing Address 117 Willow Lake Dr	itial) or Full C	Organization Name	Date	e of R ™	eceipt	D	/ Y	YY	Y		
	City	State PA	Zip Code	Tra			: A2		2018 57160			
	Carlisle FEC ID number of contributing federal political committee.	C	17015-9164	Amc	ount of	f Each	Rece	eipt thi	is Perio 5000			
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive Vice President		Mem	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 5000.00]								
C.	Full Name of Individual (Last, First, Middle In Taylor, Marcia, R, Ms.,	itial) or Full C	Drganization Name	Date	e of R	eceipt						
	Mailing Address PO Box 578			C	8	a la seconda de	0	/ Y	2018	Y		
	City Ellendale	State TN	Zip Code 38029-0578						816660 is Perio	d		
	FEC ID number of contributing federal political committee.	С				y	_	y	38	3.47		
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ninistrator		Mem	io Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 615.52]								

SUBTOTAL of Receipts This Page (optional)	T					507	6.94	Ļ
	- 14	-	y		y			
	- E		 	 		 		-
TOTAL This Period (last page this line number only)	1.		 	 	-	 	- 10	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 215 OF 243 (check only one) 11a 11a 11b 13 14 15 16 17			
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	٩C					
Full Name of Individual (Last, First, Middle A. Taylor, Marcia, R, Ms.,	Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address PO Box 578	Otata	Zin Onde	08 / D D / Y Y Y Y 08 24 2018			
City Ellendale	State TN	Zip Code 38029-0578	Transaction ID : A2018-1890752			
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 38.47			
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 653.99]			
Full Name of Individual (Last, First, Middle B. Taylor, Marcia, R, Ms., Mailing Address PO Box 578	Initial) or Full O	rganization Name	Date of Receipt			
Maining Address PO Box 578	09 07 2018					
City Ellendale	State TN	Zip Code 38029-0578	Transaction ID : A2018-1974494 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		38.47			
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.46]			
Full Name of Individual (Last, First, Middle C. Taylor, Marcia, R, Ms.,	Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address PO Box 578			09 / 21 / Y Y Y Y 2018			
City Ellendale	State TN	Zip Code 38029-0578	Transaction ID : A2018-2130787			
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) inistrator	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 730.93]			
SUBTOTAL of Receipts This Page (optional).			115.41			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 216 OF 243 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Tenhengel-deVille, Michelle, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 867 Balsam Loop Rd			08 10 / Y Y Y Y 2018
	City Sylva	State NC	Zip Code 28779	Transaction ID : A2018-1816638 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 615.52	
В.	Full Name of Individual (Last, First, Middle Initia Tenhengel-deVille, Michelle, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 867 Balsam Loop Rd City Sylva	State NC	Zip Code 28779	08 24 2018 Transaction ID : A2018-1890730 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 653.99	
с.	Full Name of Individual (Last, First, Middle Initia Tenhengel-deVille, Michelle, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 867 Balsam Loop Rd	Otata	Zin Oode	09 / D D / Y Y Y Y 07 2018
	City Sylva	State NC	Zip Code 28779	Transaction ID : A2018-1974472 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.				38.47
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Adm	upation (for Individual) ninistrator Year-to-Date ▼ 692.46	Memo Item
s	UBTOTAL of Receipts This Page (optional)	<u></u>	-gh	. 115.41

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 217 OF 243 (check only one) ************************************
Any information copied from such Reports and St or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
Full Name of Individual (Last, First, Middle Initi A. Tenhengel-deVille, Michelle, , ,	al) or Full C	Organization Name	Date of Receipt
Mailing Address 867 Balsam Loop Rd			09 / 21 / Y Y Y Y 09 21 2018
City Sylva	State NC	Zip Code 28779	Transaction ID : A2018-2130765 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.47
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 730.93	1
Full Name of Individual (Last, First, Middle Initi B. Theroult, Thomas, N, Mr.,	al) or Full C	Organization Name	Date of Receipt
Mailing Address 10925 Valley St			08 10 2018
City Omaha	State NE	Zip Code 68144-4943	Transaction ID : A2018-1816694 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.47
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 615.52]
Full Name of Individual (Last, First, Middle Initi C. Theroult, Thomas, N, Mr.,	al) or Full C	Organization Name	Date of Receipt
Mailing Address 10925 Valley St			08 / D D / Y Y Y Y Y 2018
City Omaha	State NE	Zip Code 68144-4943	Transaction ID : A2018-1890786 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.47
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		653.99	1
SUBTOTAL of Receipts This Page (optional)			115.41

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

I I APR I I APR I I APR I

Image# 201810119124462951									
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 218 OF 243 (check only one) I1a 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C								
Full Name of Individual (Last, First, Middle In A. Theroult, Thomas, N, Mr.,	nitial) or Full C	Drganization Name	Date of Receipt						
Mailing Address 10925 Valley St			09 07 2018						
City Omaha	State NE	Zip Code 68144-4943	Transaction ID : A2018-1974528 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		38.47						
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.46]						
Full Name of Individual (Last, First, Middle In B. Theroult, Thomas, N, Mr., Mailing Address 10925 Valley St City Omaha FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State NE	Zip Code 68144-4943	Date of Receipt 09 21 2018 Transaction ID : A2018-2130821 Amount of Each Receipt this Period 38.47 Memo Item						
Select Medical Corporation Receipt For: Primary General Other (specify) ▼		ministrator Year-to-Date ▼ 730.93							
Full Name of Individual (Last, First, Middle In C. Tuer, Patrick, W, Mr., Mailing Address 5230 Joshua Rd	nitial) or Full C	Organization Name	Date of Receipt						
City Mechanicsburg	State PA	Zip Code 17050-7221	Transaction ID : A2018-1816648 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		115.39						
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item						
Receipt For: Primary General	Aggregate	Year-to-Date	1						

SUBTOTAL of Receipts This Page (optional)			, y		9	192	.33	_
	- E	 		 		 		
TOTAL This Period (last page this line number only)	1	 		 	_			_

Other (specify)

1846.24

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 219 OF 243 (check only one)							
_				Detailed Summary Page	13 14 15 16 17							
	y information copied from such Reports and Sta for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC											
Α.	Full Name of Individual (Last, First, Middle Initia Tuer, Patrick, W, Mr.,	al) or Full C	Orgai	nization Name	Date of Receipt							
	Mailing Address 5230 Joshua Rd				08 / D D / Y Y Y Y 08 24 2018							
	City	State PA		Zip Code 17050-7221	Transaction ID : A2018-1890740							
	Mechanicsburg			11030-1221	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			115.39							
	Name of Employer (for Individual)	Occ	cupat	tion (for Individual)	Memo Item							
	Select Medical Corporation	Vice	e Pre	esident								
	Receipt For:	Aggregate	e Yea	ar-to-Date ▼								
	Primary General Other (specify) ▼		-	1961.63]							
В.	Full Name of Individual (Last, First, Middle Initia Tuer, Patrick, W, Mr.,	al) or Full C	Orgai	nization Name	Date of Receipt							
	Mailing Address 5230 Joshua Rd				09 07 2018							
	City	State		Zip Code	Transaction ID : A2018-1974482							
	Mechanicsburg	PA		17050-7221	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			115.39							
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) esident	Memo Item							
	Receipt For:	Aggregate	e Yea	ar-to-Date 🔻								
	Primary General Other (specify) ▼		,	2077.02]							
с.	Full Name of Individual (Last, First, Middle Initia Tuer, Patrick, W, Mr.,	al) or Full C	Orgar	nization Name	Date of Receipt							
	Mailing Address 5230 Joshua Rd				09 21 2018							
	City	State		Zip Code	Transaction ID : A2018-2130775							
	Mechanicsburg	PA		17050-7221	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			115.39							
	Name of Employer (for Individual)	Occ	cupat	tion (for Individual)	Memo Item							
	Select Medical Corporation	Vice	e Pre	esident								
	Receipt For:	Aggregate	e Yea	ur-to-Date ▼								
	Other (specify)		-	2192.41]							
s	UBTOTAL of Receipts This Page (optional)				346.17							

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 220 OF 243 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporatio	n PAC		
Full Name of Individual (Last, First, M A. Ulmer, Carol, , Mrs., Mailing Address 1605 South Silver Cre		organization Name	Date of Receipt
			08 10 / Y Y Y Y 2018
City Sioux Falls	State SD	Zip Code 57106	Transaction ID : A2018-1816689 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.24
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.84]
Full Name of Individual (Last, First, M B. Ulmer, Carol, , Mrs.,	iddle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 1605 South Silver Cre	ek Circle		08 24 2018
City Sioux Falls	State SD	Zip Code 57106	Transaction ID : A2018-1890781 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		19.24
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 327,08]
Full Name of Individual (Last, First, M C. Ulmer, Carol, , Mrs.,	iddle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 1605 South Silver Cre	eek Circle		09 07 2018
City Sioux Falls	State SD	Zip Code 57106	Transaction ID : A2018-1974523 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		19.24
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
Receipt For: Primary General Other (specify)]		
SUBTOTAL of Receipts This Page (opti	onal)		57.72

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 221 OF 243 (check only one) Image: Check only one (Check only one) X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and Sta for commercial purposes, other than using the				erson for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC												
Α.	Full Name of Individual (Last, First, Middle Initia Ulmer, Carol, , Mrs.,	al) or Full C	Drgai	nization Name	Date of Receipt								
	Mailing Address 1605 South Silver Creek Circle				09 21 / Y Y Y Y 2018								
	City	State		Zip Code	Transaction ID : A2018-2130816								
	Sioux Falls	SD		57106	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			19.24								
	Name of Employer (for Individual)	Occ	cupat	ion (for Individual)	Memo Item								
	Select Medical Corporation	Adr	minis	trator									
	Receipt For:	Aggregate	Yea	ır-to-Date ▼									
	Primary General Other (specify) ▼		-	365.56]								
в.	Full Name of Individual (Last, First, Middle Initia Umbenhauer, Kristy, J, ,	al) or Full C	Drgar	nization Name	Date of Receipt								
	Mailing Address 619 Suedberg Rd Suite 1050				08 10 2018								
	City	State		Zip Code	Transaction ID : A2018-1816679								
	Pine Grove	PA		17963-8839	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			38.47 Memo Item								
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) esident									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 615.52]								
<u> </u>	Full Name of Individual (Last, First, Middle Initia Umbenhauer, Kristy, J, ,	al) or Full C	Drgar	nization Name	Date of Receipt								
	Mailing Address 619 Suedberg Rd												
	Suite 1050	Otata		Zip Code									
	City Pine Grove	State PA		17963-8839	Transaction ID : A2018-1890771 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			38.47								
	Name of Employer (for Individual)	Occ	cupat	ion (for Individual)	Memo Item								
	Select Medical Corporation	Vice	e Pre	esident									
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Other (specify)		-	653.99]								
s	UBTOTAL of Receipts This Page (optional)				96.18	٦							

	age# 201010113124402333														
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) (c					E NU	JMBER:	PAG	E 222 OF	243				
•••				ailed Summary Page		4 11a		11b	11c	12					
	information and from such Devents and f	N - 4	<u> </u>			13		14	15	16	17				
	ny information copied from such Reports and S for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA		<u> </u>												
Α.	Full Name of Individual (Last, First, Middle In Umbenhauer, Kristy, J, ,	itial) or Full O	organiza	ation Name		Date o	of Re	eceipt							
	Mailing Address 619 Suedberg Rd Suite 1050			09 07 2018											
	City Pine Grove	State PA		p Code 17963-8839		Transaction ID : A2018-1974513 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С								38.4	7				
	Name of Employer (for Individual)		•	(for Individual)		M	lemo	tem							
	Select Medical Corporation Receipt For:	Aggregate	Presid		_										
	Primary General	Aggregate	Tear-ic		ıĿ.										
	Other (specify)		-	692.46	4										
в.	Full Name of Individual (Last, First, Middle In Umbenhauer, Kristy, J, ,	itial) or Full C	Organiza	ation Name		Date o	of Re	eceipt							
	Mailing Address 619 Suedberg Rd		M = M / D = D / Y = Y = Y												
	Suite 1050			p Code	_	09 21 2018									
	City Pine Grove	State PA	Transaction ID : A2018-2130806 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	C	38.47												
	Name of Employer (for Individual) Select Medical Corporation		upation e Presid	(for Individual) dent		M	lemo	tem							
	Receipt For:	Aggregate	Year-to	o-Date ▼											
	Other (specify) ▼		4	730.93											
<u>с</u>	Full Name of Individual (Last, First, Middle In Veit, Joel, T, Mr.,	itial) or Full C	Organiza	ation Name		Date o	of Re	eceipt							
•	Mailing Address 345 North 30th Street					M 09		26) / Y	2018	Y				
	City	State		p Code		Trans	sact	ion ID :	A2018-2	157161					
	Camp Hill	PA	1	7011	_	Amoun	nt of	Each R	Receipt th	nis Period					
	FEC ID number of contributing federal political committee.	С			3000.00										
	Name of Employer (for Individual) Select Medical Corporation		•	(for Individual) President		N	lemo	ttem							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to	o-Date ▼ 3000.00]										

64			_									
	CHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 223 OF 243 (check only one)							
IT	EMIZED RECEIPTS			for each category of the	× 11a 11b 11c 12							
				Detailed Summary Page	13 14 15 16 17							
	y information copied from such Reports and Sta for commercial purposes, other than using the											
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC											
Z	Full Name of Individual (Last, First, Middle Initi	al) or Full (Draa	nization Name								
Α.	Vocaturo, Loran, , ,		Jigu		Date of Receipt							
	Mailing Address 18 Richard Road				08 10 2018							
	City	State		Zip Code	Transaction ID : A2018-1816563							
	East Brunswick	NJ		08816	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			19.24							
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) esident	Memo Item							
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻								
	Primary General Other (specify) ▼		-9-	307.84								
	Full Name of Individual (Last, First, Middle Initi	al) or Full C	Drga	nization Name								
Β.	Vocaturo, Loran, , ,				Date of Receipt							
	Mailing Address 18 Richard Road				08 24 2018							
	City East Brunswick	State NJ		Zip Code 08816	Transaction ID : A2018-1890656 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			19.24							
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) esident	Memo Item							
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻								
	Primary General Other (specify) ▼		,	327.08								
<u> </u>	Full Name of Individual (Last, First, Middle Initi Vocaturo, Loran, , ,	al) or Full C	Drga	nization Name	Date of Receipt							
	Mailing Address 18 Richard Road				09 / D D / Y Y Y Y 2018							
	City East Brunswick	State NJ		Zip Code 08816	Transaction ID : A2018-1974398							
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period							
	Name of Employer (for Individual)			tion (for Individual)	Memo Item							
	Select Medical Corporation Receipt For:			esident	_							
	Primary General	Aggregate	e Yea	ar-to-Date 🔻								
	Other (specify)		-	346.32								
s	UBTOTAL of Receipts This Page (optional)				57.72							

1 1 4p 1 1 4p 1 1 4p 1

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Jse separate schedule(s) or each category of the Detailed Summary Page	(ch	R LINE eck onl 11a 13	NUMBER y one) 11b	R: PA	GE 224 OF	F 243					
	y information copied from such Reports and S for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;													
Α.	Full Name of Individual (Last, First, Middle Init Vocaturo, Loran, , ,	ial) or Full O	rgar	nization Name		Date o	f Receipt								
	Mailing Address 18 Richard Road					09 / D D / Y Y Y Y 21 2018									
	City East Brunswick	State NJ		Zip Code 08816		Transaction ID : A2018-2130857 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С				<u> </u>			19.2	24					
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) esident		М	emo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 365.56											
В.	Full Name of Individual (Last, First, Middle Init Wagley, Ronnie, J, , Mailing Address 10305 SW 27th PI	ial) or Full O	rgar	nization Name			f Receipt								
		Otata		Zin Oada		08 10 2018									
	City Gainesville	State FL		Zip Code 32608-9083		Transaction ID : A2018-1816650 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С				<u> </u>			38.4	47					
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) strator		М	emo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ , 615.52											
с.	Full Name of Individual (Last, First, Middle Init Wagley, Ronnie, J, ,	ial) or Full O	rgar	nization Name		Date o	f Receipt								
	Mailing Address 10305 SW 27th Pl					08	/ D		y y y 2018	Y					
	City Gainesville	State FL		Zip Code 32608-9083			saction ID								
	FEC ID number of contributing federal political committee.	С				Amoun	t of Each	Receipt	this Period 38.4	17					
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) trator		М	emo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 653.99]										

SUBTOTAL of Receipts This Page (optional)	L		<u> </u>		9		96.18	3
	Г	1	 	 		 	_	
TOTAL This Period (last page this line number only)	L		 -	 	-	 	-	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 225 OF 243 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;										
Α.	Full Name of Individual (Last, First, Middle Init Wagley, Ronnie, J, ,	ial) or Full C	Organization Name	Date of Receipt								
	Mailing Address 10305 SW 27th PI			09 / D D / Y Y Y Y 09 07 2018								
	City Gainesville	State FL	Zip Code 32608-9083	Transaction ID : A2018-1974484 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		38.47								
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.46]								
В.	Full Name of Individual (Last, First, Middle Init Wagley, Ronnie, J, ,	ial) or Full C	Organization Name	Date of Receipt								
	Mailing Address 10305 SW 27th PI			09 21 2018								
	City Gainesville	State FL	Zip Code 32608-9083	Transaction ID : A2018-2130777 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		38.47								
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 730.93									
с.	, , , ,	ial) or Full C	Organization Name	Date of Receipt								
	Mailing Address 200 Pleasant View Drive		l	08 / D D / Y Y Y Y 2018								
	City Etters	State PA	Zip Code 17319	Transaction ID : A2018-1816557 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		19.24								
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 307.84									
s	UBTOTAL of Receipts This Page (optional)			96.18								

1 1 4p 1 1 4p 1 1 4p 1

	LE A (FEC Form 3X) D RECEIPTS		fc	se separate schedule(s) or each category of the etailed Summary Page	(che	FOR LINE NUMBER: PAGE 226 OF 243 (check only one) 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17					
Any informat	ion copied from such Reports and S ercial purposes, other than using the	tatements ma name and a	ay no addre	ot be sold or used by any pe ss of any political committee	erson fo to soli	or the purpose of soliciting contributions icit contributions from such committee.					
	COMMITTEE (In Full) Medical Corporation PAC)									
	e of Individual (Last, First, Middle Init Randall, K, Mr.,	ial) or Full C	Drgan	ization Name	D	Date of Receipt					
Mailing Ad	ddress 200 Pleasant View Drive				1	M M / D D / Y Y Y Y 08 24 2018					
City Etters		State PA		Zip Code 17319		Transaction ID : A2018-1890650 mount of Each Receipt this Period					
	umber of contributing litical committee.	С				19.24					
	Employer (for Individual) dical Corporation			on (for Individual) sident		Memo Item					
Receipt F		Aggregate	Year	-to-Date ▼ 327.08							
B. Watts,	e of Individual (Last, First, Middle Init Randall, K, Mr.,	ial) or Full C	Drgan	ization Name		Date of Receipt					
	ddress 200 Pleasant View Drive	Otata		7'r 0-dr		09 / D D / Y Y Y Y 09 07 2018					
City Etters		State PA		Zip Code 17319		Transaction ID : A2018-1974392 mount of Each Receipt this Period					
	umber of contributing litical committee.	С				19.24					
Select Me	Employer (for Individual) dical Corporation		•	on (for Individual) sident		Memo Item					
Receipt F		Aggregate	Year	-to-Date ▼ 346.32							
	of Individual (Last, First, Middle Init Randall, K, Mr.,	ial) or Full C	Drgan	ization Name		Date of Receipt					
	ddress 200 Pleasant View Drive					09 21 / Y Y Y Y 2018					
City Etters		State PA		Zip Code 17319	A	Transaction ID : A2018-2130851 mount of Each Receipt this Period					
	umber of contributing litical committee.	С				19.24					
Select Me	Employer (for Individual) dical Corporation		•	on (for Individual) sident	Memo Item						
Receipt F		Aggregate	Year	-to-Date ▼ 365.56							
SUBTOTAL	of Receipts This Page (optional)			•		57.72					

SCHEDULE A (FEC Fo ITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 227 OF 243 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corpor			
Full Name of Individual (Last, Fin A. Weber, Frank, J, Mr., III	rst, Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 698 Gordon Dr			08 / D D / Y Y Y Y 2018
City Charleston	State WV	Zip Code 25314-1762	Transaction ID : A2018-1816581 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		76.93
Name of Employer (for Individua Select Medical Corporation	·	upation (for Individual) ninistrator	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1230.88]
Full Name of Individual (Last, Fin B. Weber, Frank, J, Mr., III	rst, Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 698 Gordon Dr			08 24 2018
City Charleston	State WV	Zip Code 25314-1762	Transaction ID : A2018-1890674 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		76.93
Name of Employer (for Individua Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1307.81]
Full Name of Individual (Last, Fin C. Weber, Frank, J, Mr., III		rganization Name	Date of Receipt
Mailing Address 698 Gordon Dr			09 07 2018
City Charleston	State WV	Zip Code 25314-1762	Transaction ID : A2018-1974416 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		76.93
Name of Employer (for Individua Select Medical Corporation Receipt For:	Adm	upation (for Individual) inistrator	Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1384.74]
SUBTOTAL of Receipts This Page	(optional)		230.79

1 1 4p 1 1 4p 1 1 4p 1

	age# 201010113124402301			
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 228 OF 243 (check only one) ************************************
	ny information copied from such Reports and Si for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
Α.	Full Name of Individual (Last, First, Middle Init Weber, Frank, J, Mr., III	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address 698 Gordon Dr			09 21 Y Y Y Y 2018
	City Charleston	State WV	Zip Code 25314-1762	Transaction ID : A2018-2130875 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1461.67	
в.	Full Name of Individual (Last, First, Middle Init Wells, Mark, T, ,	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address 1108 1/2 East Palm Avenue			08 / D D / Y Y Y Y 08 10 2018
	City Tampa	State FL	Zip Code 33605	Transaction ID : A2018-1816578 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1230.88	
с.	Full Name of Individual (Last, First, Middle Init Wells, Mark, T, ,	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address 1108 1/2 East Palm Avenue			08 24 2018
	City Tampa	State FL	Zip Code 33605	Transaction ID : A2018-1890671 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		76.93
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1307.81	

SUBTOTAL of Receipts This Page (optional)	L		9		9	23	0.79	
TOTAL This Period (last page this line number only)	Γ						-	Ţ

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 229 OF 243 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			person for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	,		
Α.	Full Name of Individual (Last, First, Middle Initi Wells, Mark, T, , Mailing Address 1108 1/2 East Palm Avenue	al) or Full C	rganization Name	Date of Receipt
	City	State	Zip Code	09 07 2018 Transaction ID : A2018-1974413
	Tampa FEC ID number of contributing federal political committee.	FL C	33605	Amount of Each Receipt this Period 76.93
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	upation (for Individual) e President Year-to-Date ▼ 1384.74	Memo Item
В.	Full Name of Individual (Last, First, Middle Initi Wells, Mark, T, , Mailing Address 1108 1/2 East Palm Avenue	al) or Full C	Organization Name	Date of Receipt
	City Tampa FEC ID number of contributing	State FL	Zip Code 33605	09 21 2018 Transaction ID : A2018-2130872 Amount of Each Receipt this Period
	federal political committee. Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1461.67]
С.	Full Name of Individual (Last, First, Middle Initi Williams, Brian, J, Mr.,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 9670 Rod Road			08 / D D / Y Y Y Y 08 10 2018
	City Alpharetta	State GA	Zip Code 30022	Transaction ID : A2018-1816683 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Sen	upation (for Individual) ior Vice President Year-to-Date ▼ 1846.24	Memo Item
s	UBTOTAL of Receipts This Page (optional)			269.25

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 230 OF 2 (check only one) Image: Check only one in the image: Check only one in the image: Check on in the image: Check
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation F	AC		
Full Name of Individual (Last, First, Middle Williams, Brian, J, Mr., Mailing Address 9670 Rod Road	Initial) or Full O	rganization Name	Date of Receipt
City Alpharetta	State GA	Zip Code 30022	08 24 2018 Transaction ID : A2018-1890775 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1961.63]
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name	

Full Name of Individual (Last, First, M B. Williams, Brian, J, Mr.,	<i>I</i> iddle Initial) or Full Org	anization Name	Date of Receipt
Mailing Address 9670 Rod Road			09 07 2018
City Alpharetta	State GA	Transaction ID : A2018-1974517 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation	Occup Senio	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 2077.02	
Full Name of Individual (Last, First, M Williams, Brian, J, Mr.,	<i>I</i> iddle Initial) or Full Org	anization Name	Date of Receipt
Mailing Address 9670 Rod Road	State	Zip Code	09 21 2018 Transaction ID : A2018-2130810
Alpharetta	GA	30022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		115.39
Name of Employer (for Individual) Select Medical Corporation		ation (for Individual) r Vice President	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 2192.41	
SUBTOTAL of Receipts This Page (op			

243

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 231 OF 243 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17									
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any paddress of any political committe	person for the purpose of soliciting contributions be to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;											
Α.	Full Name of Individual (Last, First, Middle Initi Williams, Lisa, , ,	ial) or Full C	Organization Name	Date of Receipt									
	Mailing Address 4485 Alderny Circle	State	Zip Code	08 / 10 / 2018 Transaction ID : A2018-1816600									
	High Point	NC	27265	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		19.24									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ector	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.84]									
в.	Full Name of Individual (Last, First, Middle Initi Williams, Lisa, , ,	ial) or Full C	Organization Name	Date of Receipt									
	Mailing Address 4485 Alderny Circle			08 24 2018									
	City High Point	State NC	Zip Code 27265	Transaction ID : A2018-1890693 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		19.24									
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ector	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 327.08]									
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Williams, Lisa, , ,	ial) or Full C	Organization Name	Date of Receipt									
0.	Mailing Address 4485 Alderny Circle			09 07 2018									
	City High Point	State NC	Zip Code 27265	Transaction ID : A2018-1974435 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		19.24									
	Name of Employer (for Individual) Select Medical Corporation	Occ Dire	upation (for Individual) ector	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 346.32]									
s	UBTOTAL of Receipts This Page (optional)			57.72									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			1	Use separate schedule(s) for each category of the Detailed Summary Page	(check	only o 1a	11b	11c	iE 232 (OF .	243
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements mand a	ay r addr	not be sold or used by any p ess of any political committee	erson for	3 the pur t contrit	14 pose of putions f	15 soliciting rom suc	g contrib h commi	utions ttee.	17
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;									
Α.	Full Name of Individual (Last, First, Middle Initi Williams, Lisa, , ,	al) or Full C	Drga	nization Name	Da	te of Re	eceipt				
	Mailing Address 4485 Alderny Circle			1	M	09	D D D D D D D D D D D D D D D D D D D	/ Y	ү ү 2018	Y	
	City	State		Zip Code	Т	ransact	ion ID :	A2018-2	2130894		
	High Point	NC		27265	Am	ount of	Each R	eceipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С							19	.24	
	Name of Employer (for Individual) Select Medical Corporation		upa ector	tion (for Individual)		Memo	o Item				
	Receipt For:	Anareaate	Yea	ar-to-Date V							
	Primary General Other (specify) ▼		100	365.56							
в.	Full Name of Individual (Last, First, Middle Initi Winn, Eleyce, L, ,	al) or Full C	Drga	nization Name	Da	te of Re	eceipt				
	Mailing Address 1321 W 90th PI Apt 302-15 Suite 1050				M	08 /	D 10	/ Y	2018	Y	
	City Merrillville	State IN		Zip Code 46410-6754				A2018-1 leceipt tl	816656 nis Perio	d	
	FEC ID number of contributing federal political committee.	С					- 7 -		38	6.47	
	Name of Employer (for Individual) Select Medical Corporation		tion (for Individual) strator		Memo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 615.52]						
с.	Full Name of Individual (Last, First, Middle Initi Winn, Eleyce, L, ,	al) or Full C	Drga	nization Name	Da	te of Re	eceipt				
	Mailing Address 1321 W 90th PI Apt 302-15 Suite 1050	1			M	08	D D D 24		2018	Y	
	City Marrilla	State		Zip Code			-		1890748		
	Merrillville	IN		46410-6754	Am	ount of	Each R	eceipt tl	nis Perio	d	
	FEC ID number of contributing federal political committee.	С				_	y .	. y	38	8.47	
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) trator	7 L	Mem	o Item				
	Receipt For:	Aggregate	Yea	ar-to-Date V							
	Primary General Other (specify)		-	653.99							
s	UBTOTAL of Receipts This Page (optional)								96	.18	٦

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 233 OF 243 (check only one) I1a I1a 11b I1c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
A.	Full Name of Individual (Last, First, Middle Initi Winn, Eleyce, L, ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1321 W 90th PI Apt 302-15 Suite 1050			09 07 2018
	City	State	Zip Code	Transaction ID : A2018-1974490
	Merrillville	IN	46410-6754	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		692.46]
в.	Full Name of Individual (Last, First, Middle Initi Winn, Eleyce, L, ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1321 W 90th PI Apt 302-15 Suite 1050			09 21 Y Y Y Y 2018
	City Merrillville	State IN	Zip Code 46410-6754	Transaction ID : A2018-2130783 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 730.93	
<u> </u>	Full Name of Individual (Last, First, Middle Initi Wuchter, Gregory, , Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 125 Greyfield Cir			M M / D / Y
	City Savannah	State GA	Zip Code 31407-4816	Transaction ID : A2018-1816673 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
	Receipt For:		Year-to-Date ▼	-
	Primary General Other (specify)		307.84	
s	UBTOTAL of Receipts This Page (optional)			96.18

Image# 201810119124462967			
SCHEDULE A (FEC Form 3X))	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 234 OF 243 (check only one) Image: Check only one image: Ch
Any information copied from such Reports and or for commercial purposes, other than using			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation PA			
Full Name of Individual (Last, First, Middle A. Wuchter, Gregory, , Mr.,	Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 125 Greyfield Cir		- L	08 / D D / Y Y Y Y 24 2018
City Savannah	State GA	Zip Code 31407-4816	Transaction ID : A2018-1890765 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.24
Name of Employer (for Individual)		pation (for Individual)	Memo Item
Select Medical Corporation Receipt For: Primary General Other (specify) ▼		inistrator Year-to-Date ▼ 327.08]
Full Name of Individual (Last, First, Middle B. Wuchter, Gregory, , Mr., Mailing Address 125 Greyfield Cir City	State	Zip Code	Date of Receipt 09 07 2018 Transaction ID : A2018-1974507
Savannah FEC ID number of contributing federal political committee.	GA	31407-4816	Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation		pation (for Individual) inistrator	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 346.32]
Full Name of Individual (Last, First, Middle C. Wuchter, Gregory, , Mr., Mailing Address 125 Greyfield Cir	Initial) or Full Or	ganization Name	Date of Receipt
City	State	Zip Code	09 21 2018 Transaction ID : A2018-2130800
Savannah FEC ID number of contributing federal political committee.	GA	31407-4816	Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation		pation (for Individual) nistrator	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.56]

	17							-	1
SUBTOTAL of Receipts This Page (optional)	L	 		 	9	 5	7.72		
	Ē		-						i
TOTAL This Period (last page this line number only)	L	 	-	 	- 7	 	-10-		l

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 235 OF 243 (check only one) I1a I1a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C		
Full Name of Individual (Last, First, Middle II A. Yap, Eric, A, Mr.,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 6082 Castlebury Boulevard			M = M / D = D / Y = Y = Y Y 08 10 2018
City Hilliard	State OH	Zip Code 43026	Transaction ID : A2018-1816639 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.47
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 615.52]
Full Name of Individual (Last, First, Middle In B. Yap, Eric, A, Mr.,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 6082 Castlebury Boulevard	State	Zip Code	08 / D D / Y Y Y Y 24 2018
Hilliard	OH	43026	Transaction ID : A2018-1890731 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.47
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 653.99]
Full Name of Individual (Last, First, Middle In C. Yap, Eric, A, Mr.,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 6082 Castlebury Boulevard			09 / D D / Y Y Y Y 09 07 2018
City Hilliard	State OH	Zip Code 43026	Transaction ID : A2018-1974473 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.47
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 692.46]
SUBTOTAL of Receipts This Page (optional)			115.41

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		fc	se separate schedule(s) or each category of the etailed Summary Page	(checl	conly c	UMBER one) 11b 14		1c	236 (12 16	DF 2	243		
	y information copied from such Reports and Sta for commercial purposes, other than using the r													
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC													
Α.	Full Name of Individual (Last, First, Middle Initia Yap, Eric, A, Mr., Mailing Address 6082 Castlebury Boulevard	al) or Full C	Organ	ization Name		te of R	eceipt	D /	Y	YY	Ŷ			
			09 21 2018											
	City Hilliard	State OH		Zip Code 43026			tion ID f Each				d			
	FEC ID number of contributing federal political committee.	С							7		3.47			
	Name of Employer (for Individual) Select Medical Corporation		upati ninist	on (for Individual) rator		Mem	o Item							
	Receipt For: Primary General Other (specify) ▼													
В.	Full Name of Individual (Last, First, Middle Initia Zaciewski, Gary, , ,	al) or Full C	Organ	ization Name	Da	te of R	eceipt							
	Mailing Address 1667 K Street NW Suite 1050						08 / D D / Y Y Y Y 08 10 2018							
	City Washington	State DC		Zip Code 20006			t ion ID f Each				d			
	FEC ID number of contributing federal political committee.				19.24									
	Name of Employer (for Individual) Select Medical Corporation		upati ecutiv	on (for Individual) e		Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 307.84										
— C.	Full Name of Individual (Last, First, Middle Initia Zaciewski, Gary, , ,	al) or Full C	Organ	ization Name	Da	te of R	eceipt							
	Mailing Address 1667 K Street NW Suite 1050					08	/	4	Y	y y 2018	Ý			
	City Washington	State DC		Zip Code 20006			tion ID							
	FEC ID number of contributing federal political committee.	С			An	iount o	f Each	Recei			a).24			
	Name of Employer (for Individual) Select Medical Corporation	Occ	on (for Individual)	r Individual) Memo Item										
	Receipt For: Primary General Other (specify)													
s	UBTOTAL of Receipts This Page (optional)						,		,	76	.95			

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 237 OF

243

TIEMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a 13		11b 14	11	- H	12 16	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose (of solici	ting c	ontribu	itions	
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC											
<u> </u>	Full Name of Individual (Last, First, Middle Initi Zaciewski, Gary, , ,	al) or Full C	Organization Name		Date o	f Re	eceipt					
	Mailing Address 1667 K Street NW Suite 1050				м м 09	/	D 0	D / 7	Y	y y 2018	Y	
	City Washington	State DC	Zip Code 20006	Transaction ID : A2018-1974488 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					-y			19	24	
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ecutive		М	emo	ttem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.32									
в.	Full Name of Individual (Last, First, Middle Initi Zaciewski, Gary, , ,		Date of Receipt									
	Mailing Address 1667 K Street NW Suite 1050		09 / D D / Y Y Y Y Y 21 2018									
	City Washington	State DC	Zip Code 20006	,				: A201 Receip				
	FEC ID number of contributing federal political committee.	С			19.24							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive		Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 365,56									
с.	Full Name of Individual (Last, First, Middle Initi Zanke, Christopher, V, Mr.,	al) or Full C	Organization Name		Date o	f Re	eceipt					
	Mailing Address 7 Martha Court				08	/		7 /	Y	2018	Ŷ	
	City Canonsburg	State PA	Zip Code 15317				-	Beceip				
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 38.47							
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Vice	upation (for Individual) President of Operations		M	emo	o Item					
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 653.99									
	UBTOTAL of Receipts This Page (optional)					-	<u>,</u>			76	95	

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 238 OF

TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		1 1a		11b	11c	12	<u> </u>			
Any information copied from such Reports an or for commercial purposes, other than using												
NAME OF COMMITTEE (In Full) Select Medical Corporation P												
 Full Name of Individual (Last, First, Middle Zanke, Christopher, V, Mr., Mailing Address 7 Martha Court 	e Initial) or Full C	Prganization Name		Date of Receipt								
City Canonsburg	State PA	Zip Code 15317	_	08 31 2018 Transaction ID : A2018-1920004 Amount of Each Pageint this Pagind								
FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 38.47								
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	of Employer (for Individual) Medical Corporation ot For: Primary General Occupation (for Individual) Vice President of Operations Aggregate Year-to-Date ▼											
B. Full Name of Individual (Last, First, Middle Zanke, Christopher, V, Mr., Mailing Address 7 Martha Court		Date of Receipt										
City Canonsburg FEC ID number of contributing federal political committee.	State PA	Zip Code 15317	_	Transaction ID : A2018-2118300 Amount of Each Receipt this Period 38.47								
Name of Employer (for Individual) Select Medical Corporation Receipt For:	Vic	upation (for Individual) e President of Operations Year-to-Date ▼		M	lem	o Item						
Full Name of Individual (Last, First, Middle C. Zanke, Christopher, V, Mr.,		Date o	of Be	eceint								
Mailing Address 7 Martha Court				Date of Receipt 09 28 2018								
City Canonsburg	State PA	Zip Code 15317					: A2018-2 Receipt th					
FEC ID number of contributing federal political committee.	С			<u> </u>		, i		38	47			
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Vice	upation (for Individual) President of Operations Year-to-Date ▼ 769.40	Memo Item									
SUBTOTAL of Receipts This Page (optional)			► -		-	,		115. 67947				

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 239 OF 243					
ITEMIZED DISBURSEMENTS	for each	parate schedule(s) n category of the I Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b					
Any information copied from such Reports and S or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	2								
Full Name (Last, First, Middle Initial) A. Terri Sewell for Congress Mailing Address PO Box 1964	Date of Disbursement								
City Birmingham	State	Zip Code 35201		FEC Identification Number					
Purpose of Disbursement Contribution			011	C C00458976 Transaction ID : B699493					
Candidate Name Sewell, Terri, , , Office Sought: x House Disbu	ursement For:	2018	Category/ Type	Amount of Each Disbursement this Period 5000.00					
Senate President State: AL District: 07	Primary Other (spe	X General		Memo Item					
Full Name (Last, First, Middle Initial) B. Together Everyone Realizes Re		Date of Disbursement							
Mailing Address 499 S Capitol Street SW Suite 404	Suite 404								
City Washington Purpose of Disbursement Contribution Candidate Name	State DC	Zip Code 20003	011 Category/ Type	FEC Identification Number C C00525030 Transaction ID : B699492 Amount of Each Disbursement this Period					
Office Sought: House Disbu Senate President State: District:	Primary Cher (spe	General		5000.00 Memo Item					
Full Name (Last, First, Middle Initial) C. Beatty for Congress				Date of Disbursement					
Mailing Address 222 East Town Street Suite 2W				M M / D D / Y					
City Columbus Purpose of Disbursement	State OH	Zip Code 43215		FEC Identification Number					
Contribution Candidate Name Beatty, Joyce, , ,	Transaction ID : B700035 Amount of Each Disbursement this Period								
	Primary Other (spe	x General	Туре	5000.00 Memo Item					
SUBTOTAL of Disbursements This Page (option	al)			15000.00					
TOTAL This Period (last page this line number	- -								

S	CHEDULE B (FEC Form 3X)						E NUMBER: PAGE 240 OF 243								
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			check	k only 21b	y one) 22 🕱 23 26 27								
			Detailed Summary Page		$\left - \right $	210 28a	28b		23 28c		9				
	y information copied from such Reports and State for commercial purposes, other than using the na														
$\left \right\rangle$	NAME OF COMMITTEE (In Full)														
	Select Medical Corporation PAC														
A.	Full Name (Last, First, Middle Initial) Tom MacArthur for Congress							Disl	burse						
	Mailing Address PO Box 999						08	/	3(2018			
	City Edison	State NJ	Zip Code 08818				FEC Id	entifi	catior	Num	ber				
	Purpose of Disbursement Contribution				011		С	C00	55752	20					
	Candidate Name				egor	y/				ID : B Disbu		7 6 nt this Pe	eriod		
	MacArthur, Tom, , , Office Sought: x House Disburse	ement For:	2018		ype		—	-				2500.00			
	Senate President	Primary Other (spe	x General					-9			y				
	State: NJ District: 03		uny) ▼				Me	mo l	tem						
в.	Full Name (Last, First, Middle Initial) New Voice PAC						Date of	Disl	burse	ment					
	Mailing Address 35 East Gay Street Suite 403								D 1		Y	2018			
	City Columbus		FEC Id	entifi	catior	Num	ber								
	Columbus OH 43215 Purpose of Disbursement Contribution 011								54523						
	Candidate Name Category/ Type							Transaction ID : B702451 Amount of Each Disbursement this Period							
	Office Sought: House Disburse Senate	ement For: Primary	2018 General				2500.00								
	State: District:	Other (spe		e			Memo Item								
	Full Name (Last, First, Middle Initial)						Date of	i Diel	hurse	ment					
0.	Bilirakis for Congress							/	D		Y	YYY			
	Mailing Address 41 North Ring Avenue						09		2			2018			
	City Tarpon Springs	State FL	Zip Code 34689				FEC Id	entifi	catior	Num	ber				
	Purpose of Disbursement Contribution	<u> </u>			011		U		40853						
	Candidate Name								Transaction ID : B703661 Amount of Each Disbursement this Period						
	Bilirakis, Gus, , , Type Office Sought: x House Disbursement For: 2018											1000.00			
	Senate Primary X General President Other (specify)										7				
	State: FL District: 12		uny) ▼				Me	mo l	tem						
s	UBTOTAL of Disbursements This Page (optional).					•			-		,	6000.00)		
т	OTAL This Period (last page this line number only	/)					L.		y		,				

S	CHEDULE B (FEC Form 3X)		EOB 1					INE NUMBER: PAGE 241 OF 243						
IT	EMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			only	y one)							
			Summary Page			21b	22	×			26 2			
<u> </u>				<u> </u>		28a	28b		28c		-	30b		
	ny information copied from such Reports and State for commercial purposes, other than using the na													
\square	NAME OF COMMITTEE (In Full)													
$ \rangle$	Select Medical Corporation PAC													
\angle	•													
۸	Full Name (Last, First, Middle Initial)						Data o	fDi	ehurec	mont				
	ROSKAM PAC						Date of Disbursement							
	Mailing Address PO Box 1011						09	ľ		8	Ľ	2018		
								_	_		_			
	City Wheaton	State IL	Zip Code 60187				FEC Identification Number							
	Purpose of Disbursement	1	00187	_		_	С	CO	04512	QЛ				
	Contribution			0	11			1 m	1. A.		6979	801		
	Candidate Name			Cate	gory	y/				ID : B697801 Disbursement this Period				
	Office Sought: House Disburse	mant Fam.		Ту	ype							- 5000.0	0	
	Office Sought: House Disburse Senate	ment For: 2 Primary	2018 General						7	-	7	- 3000.0	0	
	President	Other (spe							Item			iginal che	ck dated	
	State: District:		Not Applicable				IVIE	enio	item	017217	10			
	Full Name (Last, First, Middle Initial)													
В.	Roskam for Congress Cmte						Date o	f Di	sburse	ement				
	Mailing Address PO Box 713						м м 09	1	2	D / 28	Y	2018	Y	
							00		-	.0	-	2010		
	City State Zip Code								ficatio	n Nurr	ber			
	Wheaton IL 60187 Purpose of Disbursement											_		
	Contribution	011 Category/ Type					C C00410969 Transaction ID : B697802 Amount of Each Disbursement this Period							
	Candidate Name												Period	
	Roskam, Peter, J, ,													
			ment For: 2018					- 5000.00					- 1	
	President	Primary General Other (specify)					Voided: Original check dated 07/27/18							
	State: IL District: 06		ony)				Me	emo	Item	017217	10			
_	Full Name (Last, First, Middle Initial)													
C.	Aftab for Ohio						Date o	f Di	sburse	ement				
	Mailing Address DO D. 740						M M	/	D		Y	Y Y	Y	
	Mailing Address PO Box 713						09	1	2	9	-	2018		
	City	State	Zip Code				FEC lo	lenti	ficatio	n Num	ber			
	Cincinnati Purpose of Disbursement	ОН	45201											
	Contribution			0	11		С	1	06675	-				
	Candidate Name								action Each			454 Nent this F	Period	
	Pureval, Aftab, , , Type								Eaon	Bioba			enea	
		1	ment For: 2018						,		7	2500.0	0	
	Senate President	Primary General												
	State: OH District: 01	Other (specify)					Memo Item							
Г						I	_	-	-	-	-		_	
s	UBTOTAL of Disbursements This Page (optional).								-		7	- 7500.0	00	
\vdash														
ΙT	OTAL This Period (last page this line number only	')					1						I.	

SCHEDULE B (FEC Form 3X)	110		FOR LINE	E NUMBER: PAGE 242 OF 243						
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check onl 21b	22 🗶 23 🗌 26 🗌 27						
			28a	28b 28c 29 30b						
Any information copied from such Reports and State or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full)										
Select Medical Corporation PAC										
Full Name (Last, First, Middle Initial) A. Schiff for Congress	Date of Disbursement									
Mailing Address 777 S. Figueroa St. Suite 4050	09 29 2018									
City Los Angeles	State CA	Zip Code 90017		FEC Identification Number						
Purpose of Disbursement Contribution				C C00343871						
			011	Transaction ID : B706455						
Schiff, Adam, , ,			Category/ Type	Amount of Each Disbursement this Period						
Office Sought: X House Disburse	ement For: 2			1000.00						
President	Primary Other (spe	x General (cify) ▼								
State: CA District: 28		J) -		Memo Item						
Full Name (Last, First, Middle Initial) B.		Date of Disburgement								
۵.				Date of Disbursement						
Mailing Address	Mailing Address									
City	State	Zip Code		FEC Identification Number						
Purpose of Disbursement				С						
Candidate Name			Category/	Amount of Each Disbursement this Period						
			Туре							
Office Sought: House Disburse	ement For: Primary	General								
President	Other (spe	cify)								
State: District:										
Full Name (Last, First, Middle Initial)				Date of Disbursement						
				M = M / D = D / Y = Y = Y						
Mailing Address										
City	State	Zip Code		FEC Identification Number						
Purpose of Disbursement	<u> </u>			С						
Candidate Name	Category/									
Office Sought: House Disburse	Туре									
President										
State: District:		- J/ -		Memo Item						
SUBTOTAL of Disbursements This Page (optional).				1000.00						
TOTAL This Period (last page this line number only	/)		••••••	14500.00						

I

	HEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE (check only	LINE NUMBER: PAGE 243 OF 243						
			category of the Summary Page	21b 28a	22 23 26 27 28b 28c X 29 30b						
	y information copied from such Reports and State for commercial purposes, other than using the na										
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC										
Α.	Full Name (Last, First, Middle Initial) Friends of Chris Carr				Date of Disbursement						
	Mailing Address PO Box 724084				08 23 2018						
	City Atlanta	State GA	Zip Code 30339		FEC Identification Number						
	Purpose of Disbursement G-2018 State Att. General GA			011	C Transaction ID : B700034						
	Candidate Name Carr, Chris, , ,			Category/ Type	Amount of Each Disbursement this Period						
	Office Sought: House Disburse Senate President	ment For: 2 Primary Other (spec	X General								
	State: GA District:		., .		Memo Item						
B.	Full Name (Last, First, Middle Initial)		Date of Disbursement								
	Mailing Address										
	City		FEC Identification Number								
	Purpose of Disbursement		C								
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period						
	Senate	ment For: Primary	General								
	State: District:	Other (spec	cify)		Memo Item						
C.	Full Name (Last, First, Middle Initial)				Date of Disbursement						
	Mailing Address										
	City	State	Zip Code		FEC Identification Number						
	Purpose of Disbursement			· · · ·]	С						
	Candidate Name	Amount of Each Disbursement this Period									
	Office Sought: House Disburse Senate										
	State: District:	Other (spec	cify) ▼		Memo Item						
s	JBTOTAL of Disbursements This Page (optional).			····· ►	1000.00						
т	OTAL This Period (last page this line number only	/)		••••••	1000.00						