



William Walters
Senior Vice President, Government Affairs
Select Medical Corporation
P.O. BOX 6926
McLean, VA. 22106
TEL: (202) 308-8527
EMAIL: wewalters@selectmedical.com

RECEIVED
JUN 21 AM 11:52
FEC MAIL CENTER

June 20, 2013

Federal Election Commission
999 E Street NW
Washington, DC 20463

RE: FEC Form #1 Filing for Select Medical Corporation PAC

Greetings:

Please accept this FEC Form #1 for the creation of the Select Medical Corporation PAC. If there are any issues with the filing or if you need any additional information, please contact me at the address and email above. Thank you.

Sincerely yours,

William Walters

13031080765

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2013 JUN 21 AM 11:52

Office Use Only

FEC MAIL CENTER

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Select Medical Corporation PAC

ADDRESS (number and street)

4714 Gettysburg Road

(Check if address is changed)

Attn: General Counsel

Mechanicsburg

CITY

PA

STATE

17055-4325

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

wewalters@selectmedical.com

Optional Second E-Mail Address

fecinfo@pass1.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

06 / 20 / 2013

3. FEC IDENTIFICATION NUMBER

C C00000000

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer William Walters

Signature of Treasurer

William Walters [Signature]

Date

06 / 20 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

13031080766

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

13031080767

Write or Type Committee Name

Select Medical Corporation PAC

6. Name or Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Select Medical Corporation

Mailing Address

4714 Gettysburg Road

Mechanicsburg

PA

17055-4325

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Michael E Tarvin

Mailing Address

4714 Gettysburg Road

Mechanicsburg

PA

17055-4325

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

717

972

1132

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

William Walters

Mailing Address

PO Box 6926

McLean

VA

22106

CITY

STATE

ZIP CODE

Title or Position Treasurer

Telephone number

202

308

8527

13031080768

Full Name of Designated Agent Michael Tarvin

Mailing Address 4714 Gettysburg Road

Mechanicsburg PA 17055-4325 CITY STATE ZIP CODE

Title or Position Assistant Treasurer Telephone number 717-972-1132

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Burke and Herbert Bank

Mailing Address 100 S. Fairfax Street

Alexandria VA 22314 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

13031080769

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *fed EXP* Shipping Date
6/20/13
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Am A

PREPARER

(3/2005)

6/21/13

DATE PREPARED

13031080770