

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Select Medical Corporation PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

Election on / / in the State of

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

Election on / / in the State of

5. Covering Period / / through / /

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

Type or Print Name of Treasurer William Walters

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

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

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

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Select Medical Corporation PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="11628.39"/>	<input type="text" value="11628.39"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="52536.84"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="6790.80"/>	<input type="text" value="159539.25"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="59327.64"/>	<input type="text" value="171167.64"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="21000.00"/>	<input type="text" value="132840.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="38327.64"/>	<input type="text" value="38327.64"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Select Medical Corporation PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4712.32	138597.88
(ii) Unitemized	38.48	18691.37
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4750.80	157289.25
(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)	4750.80	157289.25
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	210.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2040.00	2040.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	6790.80	159539.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6790.80	159539.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	240.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	240.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	132600.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	21000.00	132840.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21000.00	132840.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4750.80	157289.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4750.80	157289.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	240.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	210.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	30.00

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

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

FOR LINE NUMBER: PAGE 6 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Ms. Jennifer K Allison

Mailing Address 402 Huron Drive

City State Zip Code
Mechanicsburg PA 17050

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
404.04

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296002

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
B. Ms. Joan Alverzo

Mailing Address 152 Old Landing Road

City State Zip Code
Ocean City MD 21842

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
404.04

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296003

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
C. Ms. Kathy Beckett

Mailing Address 8444 Tibet Butler Dr

City State Zip Code
Windermere FL 34786

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.80

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 03 / 2014
Transaction ID : A2014-2225208

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.72

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

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

Form/Schedule: SA11AI
Transaction ID :

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

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 8 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 545 Mud College Road

City Littlestown State PA Zip Code 17340

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1615.53

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014
Transaction ID : A2014-2296004

Amount of Each Receipt this Period
76.93

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

Mailing Address 2851 SW 137 Court

City Miami State FL Zip Code 33175

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
327.08

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014
Transaction ID : A2014-2296005

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
C. Ms. Kelly L Blake

Mailing Address 3269 Blue Goose Road

City Nicktown State PA Zip Code 15762

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.32

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014
Transaction ID : A2014-2296006

Amount of Each Receipt this Period
19.24

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Edwin A Bodensiek
 Full Name (Last, First, Middle Initial)
 Mailing Address 3047 Terra Maria Way
 City Ellicott City State MD Zip Code 21042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.13

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296007
 Amount of Each Receipt this Period
 115.38

B. Mr. Michael S Boggs
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 R L Wheeler Rd
 City Macon State GA Zip Code 31211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296008
 Amount of Each Receipt this Period
 19.24

C. Mr. Robert H Brehm
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 Chestnut St.
 City Stirling State NJ Zip Code 07980
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296009
 Amount of Each Receipt this Period
 115.39

SUBTOTAL of Receipts This Page (optional).....▶	250.01
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Robert G Breighner
 Full Name (Last, First, Middle Initial)
 Mailing Address 613 Carrie Drive
 City State Zip Code
 Dallastown PA 17313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Vice President (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296010
 Amount of Each Receipt this Period
 19.24

B. Mr. Mark S Brodeur
 Full Name (Last, First, Middle Initial)
 Mailing Address 5324 Meadow Breeze Drive
 City State Zip Code
 Liberty Township OH 45011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296011
 Amount of Each Receipt this Period
 19.24

C. Mr. Thomas Buckingham
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Chantilly Court
 City State Zip Code
 Mechanicsburg PA 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Executive Vice President (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2423.19

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296012
 Amount of Each Receipt this Period
 115.39

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mr. Raymond F Carnevale		Date of Receipt M M / D D / Y Y Y Y Y 10 / 10 / 2014 Transaction ID : A2014-2296013
Mailing Address 5801 Gemini Dr. Apt. 305		Amount of Each Receipt this Period 76.93
City Madison	State WI	Zip Code 53718
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1307.81	

Full Name (Last, First, Middle Initial) B. Mrs. Marinella Castroman		Date of Receipt M M / D D / Y Y Y Y Y 10 / 10 / 2014 Transaction ID : A2014-2296014
Mailing Address 2971 Stanfield Avenue		Amount of Each Receipt this Period 115.39
City Orlando	State FL	Zip Code 32814
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2423.19	

Full Name (Last, First, Middle Initial) C. Mrs. Melinda D Comer		Date of Receipt M M / D D / Y Y Y Y Y 10 / 10 / 2014 Transaction ID : A2014-2296015
Mailing Address 503 Peach Spring		Amount of Each Receipt this Period 19.24
City Houston	State TX	Zip Code 77037
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.08	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 12
	<input type="checkbox"/> 11b	<input type="checkbox"/> 13
	<input type="checkbox"/> 11c	<input type="checkbox"/> 14
	<input type="checkbox"/> 12	<input type="checkbox"/> 15
	<input type="checkbox"/> 13	<input type="checkbox"/> 16
	<input type="checkbox"/> 14	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Jevne R Conover
 Full Name (Last, First, Middle Initial)
 Mailing Address 11896 Lakeshore Drive
 City Grand Haven State MI Zip Code 49417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1615.53**

Date of Receipt **10 / 10 / 2014**
Transaction ID : A2014-2296016
 Amount of Each Receipt this Period **76.93**

B. Mr. Fred R Cullen
 Full Name (Last, First, Middle Initial)
 Mailing Address 564 Fawnhill Drive
 City Langhorne State PA Zip Code 19047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2423.19**

Date of Receipt **10 / 10 / 2014**
Transaction ID : A2014-2296017
 Amount of Each Receipt this Period **115.39**

C. Mrs. Carolyn N Curnane
 Full Name (Last, First, Middle Initial)
 Mailing Address 1615 Linda Drive
 City West Chester State PA Zip Code 19380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.56**

Date of Receipt **10 / 10 / 2014**
Transaction ID : A2014-2296018
 Amount of Each Receipt this Period **19.24**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Brian E Davis
Full Name (Last, First, Middle Initial)

Mailing Address 1211 High Hollow

City Mechanicsburg State PA Zip Code 17050

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2423.19

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296019

Amount of Each Receipt this Period
 115.39

B. Mrs. Lora A Davis
Full Name (Last, First, Middle Initial)

Mailing Address 3022 Eagle Point Way

City Tallahassee State FL Zip Code 32312

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296020

Amount of Each Receipt this Period
 19.24

C. Mrs. Teresa L Davis
Full Name (Last, First, Middle Initial)

Mailing Address 1019 Deerfield Road

City Richmond State TX Zip Code 77406

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2423.19

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296021

Amount of Each Receipt this Period
 115.39

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.02

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

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

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

FOR LINE NUMBER: PAGE 14 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mrs. Stefanie A Dean

Mailing Address 6421 Farmcrest Lane

City Harrisburg State PA Zip Code 17111

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1615.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296022

Amount of Each Receipt this Period
76.93

Full Name (Last, First, Middle Initial)
B. Mrs. Miriam R Deemer

Mailing Address 700 Trombley

City Grosse Pointe Park State MI Zip Code 48230

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296023

Amount of Each Receipt this Period
19.24

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

Mailing Address 20 Blue Ribbon Drive

City Elizabethtown State PA Zip Code 17022

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1384.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296024

Amount of Each Receipt this Period
76.93

SUBTOTAL of Receipts This Page (optional)..... ▶ 173.10

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

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

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

FOR LINE NUMBER: PAGE 15 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296025
 Amount of Each Receipt this Period
 115.39

B. Mr. Philip J Driscoll
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 Van Doren Way
 City Belle Mead State NJ Zip Code 08502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296026
 Amount of Each Receipt this Period
 19.24

C. Mrs. Cherie J Elledge
 Full Name (Last, First, Middle Initial)
 Mailing Address 1838 Red Spruce Lane
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296027
 Amount of Each Receipt this Period
 19.24

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

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

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

FOR LINE NUMBER: PAGE 16 OF 43
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 2772 Irene Circle

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **404.04**

Date of Receipt

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

Transaction ID : A2014-2296028

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)
B. Ms. Patti Finnegan

Mailing Address 939 Arlington Glen Drive

City Fenton	State MO	Zip Code 63026
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **404.04**

Date of Receipt

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

Transaction ID : A2014-2296030

Amount of Each Receipt this Period

19.24

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

Mailing Address Six Amherst Road

City Chatham	State NJ	Zip Code 07928
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2423.19**

Date of Receipt

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

Transaction ID : A2014-2296031

Amount of Each Receipt this Period

115.39

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

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

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

FOR LINE NUMBER: PAGE 17 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. Scott A Gardner

Mailing Address 611 Fairground Road

City State Zip Code
Newport PA 17074

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296032

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
B. Mr. Peter J Gillard

Mailing Address 1001 Madera Court

City State Zip Code
Allen TX 75013

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2014
Transaction ID : A2014-2225209

Amount of Each Receipt this Period
19.24

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

Mailing Address 1059 Lionsgate Lane

City State Zip Code
Gulf Breeze FL 32563

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296033

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.72

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Antony M Grigonis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1636 Lowell Lane
 City New Cumberland State PA Zip Code 17070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296034
 Amount of Each Receipt this Period
 76.93

B. Doctor Samuel I Hammerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 239 Butler Street
 City Kingston State PA Zip Code 18704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Chief Medical Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296035
 Amount of Each Receipt this Period
 115.39

C. Mrs. Barbara E Hannan
 Full Name (Last, First, Middle Initial)
 Mailing Address 83 Krattiger Court
 City West Milford State NJ Zip Code 07480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296036
 Amount of Each Receipt this Period
 76.93

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 43
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 15 W Main St PO 194

City Brookside	State NJ	Zip Code 07926
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
327.08

Date of Receipt

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

Transaction ID : A2014-2296037

Amount of Each Receipt this Period
19.24

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

Mailing Address 2915 Arcona Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.64

Date of Receipt

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

Transaction ID : A2014-2296038

Amount of Each Receipt this Period
19.24

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

Mailing Address 740 Parkins Mill Rd.

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
327.08

Date of Receipt

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

Transaction ID : A2014-2296039

Amount of Each Receipt this Period
19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Anne E Jurenc
 Full Name (Last, First, Middle Initial)
 Mailing Address 12140 N. River Rd.
 City Mequon State WI Zip Code 53092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296040
 Amount of Each Receipt this Period
 19.24

B. Mr. David F Key
 Full Name (Last, First, Middle Initial)
 Mailing Address 1286 Brayshore Drive
 City Collierville State TN Zip Code 38017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296041
 Amount of Each Receipt this Period
 76.93

C. Mrs. Peggy L Kingston
 Full Name (Last, First, Middle Initial)
 Mailing Address 228 Brewster
 City Rochester Hills State MI Zip Code 48309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296042
 Amount of Each Receipt this Period
 19.24

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

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

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

FOR LINE NUMBER: PAGE 21 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 873 Winterfields Drive

City State Zip Code
Cordova TN 38018

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
404.04

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014
Transaction ID : A2014-2296043

Amount of Each Receipt this Period
19.24

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

Mailing Address 5167 Carlson Dairy Road

City State Zip Code
Summerfield NC 27358

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
404.04

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014
Transaction ID : A2014-2296044

Amount of Each Receipt this Period
19.24

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

Mailing Address 730 North Marian Street

City State Zip Code
Ebensburg PA 15931

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.32

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014
Transaction ID : A2014-2296045

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.72

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

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

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

FOR LINE NUMBER: PAGE 22 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. Aleksey N Kurmakov

Mailing Address 2413 Toftree Drive

City State Zip Code
Harrisburg PA 17112

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1615.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296046

Amount of Each Receipt this Period
76.93

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

Mailing Address 26 Joseph Drive

City State Zip Code
Boiling Springs PA 17007

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
327.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296047

Amount of Each Receipt this Period
19.24

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

Mailing Address 36 Indian Bayou Drive

City State Zip Code
Destin FL 32541

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2014
Transaction ID : A2014-2225211

Amount of Each Receipt this Period
19.24

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

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

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

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

FOR LINE NUMBER: PAGE 23 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Adriane L Lutes
 Full Name (Last, First, Middle Initial)
 Mailing Address 2371 Pullman Way
 City Hummelstown State PA Zip Code 17036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1230.88

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296048
 Amount of Each Receipt this Period
 76.93

B. Mr. Michael F Malatesta
 Full Name (Last, First, Middle Initial)
 Mailing Address 4145 Serenity Street
 City Schwenksville State PA Zip Code 19473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1461.58

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296049
 Amount of Each Receipt this Period
 115.38

C. Mr. Brian Mann
 Full Name (Last, First, Middle Initial)
 Mailing Address 1060 Trevorton Road
 City Coal Township State PA Zip Code 17866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296050
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 211.55
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Christopher L Marshall
 Full Name (Last, First, Middle Initial)
 Mailing Address 4966 Cline Hollow Road
 City Export State PA Zip Code 15632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296051
 Amount of Each Receipt this Period
 19.24

B. Mr. Anthony J Martino
 Full Name (Last, First, Middle Initial)
 Mailing Address 2421 W Barbie Lane
 City Phoenix State AZ Zip Code 85085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296052
 Amount of Each Receipt this Period
 19.24

C. Mrs. Debora A Martoccio
 Full Name (Last, First, Middle Initial)
 Mailing Address 4511 Gulfwinds Drive
 City Lutz State FL Zip Code 33558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296053
 Amount of Each Receipt this Period
 19.24

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

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

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

FOR LINE NUMBER: PAGE 25 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Michael H McAlister
 Full Name (Last, First, Middle Initial)
 Mailing Address 5950 Fishing Creek Road
 City Nolensville State TN Zip Code 37135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296054
 Amount of Each Receipt this Period
 19.24

B. Mr. Michael T McGovern
 Full Name (Last, First, Middle Initial)
 Mailing Address 2452 Club Road
 City Columbus State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296055
 Amount of Each Receipt this Period
 115.39

C. Ms. Barbara J Mobley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5809 Copper Canyon
 City The Colony State TX Zip Code 75056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296056
 Amount of Each Receipt this Period
 19.24

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Thomas P Mullin
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 St James Court
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt 10 / 10 / 2014
Transaction ID : A2014-2296057
 Amount of Each Receipt this Period 19.24

B. Mr. Gregory C Nichols
 Full Name (Last, First, Middle Initial)
 Mailing Address 608 Castlebrook Dr
 City Prattville State AL Zip Code 36066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation President of Network Development (E)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 03 / 2014
Transaction ID : A2014-2225212
 Amount of Each Receipt this Period 19.24

C. Mrs. Sharon A Noro
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 3rd Street
 City Aspinwall State PA Zip Code 15215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.53

Date of Receipt 10 / 10 / 2014
Transaction ID : A2014-2296058
 Amount of Each Receipt this Period 76.93

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 43
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 5614 Wembley Court

City Clarkston State MI Zip Code 48346

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.32**

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

Transaction ID : A2014-2296059

Amount of Each Receipt this Period
 19.24

B. Mr. Matthew P Pearson
Full Name (Last, First, Middle Initial)

Mailing Address 4514 W 72nd Street

City Prairie Village State KS Zip Code 66208

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2423.19**

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

Transaction ID : A2014-2296060

Amount of Each Receipt this Period
 115.39

C. Mrs. Genise Pedrick
Full Name (Last, First, Middle Initial)

Mailing Address 4771 Sweetshade Drive

City Sarasota State FL Zip Code 34241

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **404.04**

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

Transaction ID : A2014-2296061

Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/> 153.87
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 28 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Lisa J Pettrey
 Full Name (Last, First, Middle Initial)
 Mailing Address 5625 Preswick Drive
 City State Zip Code
 Dublin OH 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296062
 Amount of Each Receipt this Period
 19.24

B. Mr. Steve C Plumlee
 Full Name (Last, First, Middle Initial)
 Mailing Address 12311 Bonnybridge Lane
 City State Zip Code
 Knoxville TN 37922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296063
 Amount of Each Receipt this Period
 19.24

C. Mr. Fabian E Polo
 Full Name (Last, First, Middle Initial)
 Mailing Address 4713 Parkhaven Dr.
 City State Zip Code
 Garland TX 75043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Chief Operating Officer (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296064
 Amount of Each Receipt this Period
 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 43
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Budine Pucylowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 Old Vineyard Lane
 City Heath State TX Zip Code 75032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President of Business Developm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296065
 Amount of Each Receipt this Period
 19.24

B. Mr. John C Quinn
 Full Name (Last, First, Middle Initial)
 Mailing Address 381 Longwood Drive
 City Meridian State MS Zip Code 39305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296066
 Amount of Each Receipt this Period
 76.93

C. Ms. Chandelle L Rhodes
 Full Name (Last, First, Middle Initial)
 Mailing Address 20528 Lagoon Drive
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296067
 Amount of Each Receipt this Period
 19.24

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

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

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

FOR LINE NUMBER: PAGE 30 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. Curtis L Roberts

Mailing Address 1909 Byrnes Road

City North Augusta State SC Zip Code 29841

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **404.04**

Date of Receipt
 / /
10 / 10 / 2014

Transaction ID : A2014-2296068

Amount of Each Receipt this Period
 19.24

Full Name (Last, First, Middle Initial)
B. Mr. James H Rogers

Mailing Address 106 Queens Retreat

City Savannah State GA Zip Code 31419

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1615.53**

Date of Receipt
 / /
10 / 10 / 2014

Transaction ID : A2014-2296069

Amount of Each Receipt this Period
 76.93

Full Name (Last, First, Middle Initial)
C. Doctor Jason Rubel

Mailing Address 2027 Sun Flower Ct.

City Chesterfield State MO Zip Code 63017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.80**

Date of Receipt
 / /
10 / 03 / 2014

Transaction ID : A2014-2225213

Amount of Each Receipt this Period
 19.24

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 43
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Brian R Rusignuolo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1339 Sconsett Way
 City New Cumberland State PA Zip Code 17070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.13

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296070
 Amount of Each Receipt this Period
 115.38

B. Mr. Jeffrey J Ruskan
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 Beechwood Drive
 City Richmond State VA Zip Code 23229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.53

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296071
 Amount of Each Receipt this Period
 76.93

C. Ms. Beth R Sarfaty
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 Wall Street
 City West Long Branch State NJ Zip Code 07764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation VP Clinical Svcs & Quality Mgmt (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 03 / 2014
Transaction ID : A2014-2225214
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional).....▶	211.55
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Megan P Schmidt
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Lake Village Court
 City Johnson City State TN Zip Code 37601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296072
 Amount of Each Receipt this Period
 115.39

B. Ms. Linda P Sherman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2200 SE 45th Street
 City Topeka State KS Zip Code 66609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296073
 Amount of Each Receipt this Period
 19.24

C. Mrs. Gloria J Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1685 North 700 West
 City Columbus State IN Zip Code 47201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Chief Nursing Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296075
 Amount of Each Receipt this Period
 19.24

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

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

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

FOR LINE NUMBER: PAGE 33 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Jon C Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2524 Matterhorn Ln
 City Flower Mound State TX Zip Code 75022-7879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.53

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296074
 Amount of Each Receipt this Period
 76.93

B. Mrs. Jeanne M Slane
 Full Name (Last, First, Middle Initial)
 Mailing Address 6537 Caldecott Drive
 City Naples State FL Zip Code 34113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296076
 Amount of Each Receipt this Period
 19.24

C. Mr. Nigel D Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 9815 Vistadale Dr
 City Dallas State TX Zip Code 75238-1529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296077
 Amount of Each Receipt this Period
 19.24

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Robin R Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Bonnywick Drive
 City Harrisburg State PA Zip Code 17111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296078
 Amount of Each Receipt this Period
 19.24

B. Mr. John J St. Leger
 Full Name (Last, First, Middle Initial)
 Mailing Address 634 Blue Ridge Road
 City Pittsburgh State PA Zip Code 15239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1384.74

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296079
 Amount of Each Receipt this Period
 76.93

C. Mr. Kurt S Streepy
 Full Name (Last, First, Middle Initial)
 Mailing Address 3128 Mattatha Drive
 City Bloomington State IN Zip Code 47401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296080
 Amount of Each Receipt this Period
 19.24

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

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

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

FOR LINE NUMBER: PAGE 35 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. Sean A Stricker

Mailing Address 2835 Elm Tree Park

City San Antonio State TX Zip Code 78259

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **404.04**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014
Transaction ID : A2014-2296081

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
B. Ms. Connie L Strickland

Mailing Address 1104 OakTree Drive

City Edmond State OK Zip Code 73025

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **404.04**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014
Transaction ID : A2014-2296082

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
C. Mrs. Linda K Supplee

Mailing Address 115 E. Willow Drive

City Zanesville State OH Zip Code 43701

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **404.04**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014
Transaction ID : A2014-2296083

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ **57.72**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Thomas N Therout
 Full Name (Last, First, Middle Initial)
 Mailing Address 10240 Madison
 City Omaha State NE Zip Code 68127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296084
 Amount of Each Receipt this Period
 115.39

B. Mr. Jeffrey D Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 6840 N. Park Dr.
 City North Richland Hills State TX Zip Code 76182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296085
 Amount of Each Receipt this Period
 19.24

C. Ms. Linda M Tiemens
 Full Name (Last, First, Middle Initial)
 Mailing Address 1558 South Fern Place
 City Broken Arrow State OK Zip Code 74012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296086
 Amount of Each Receipt this Period
 76.93

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

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

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

FOR LINE NUMBER: PAGE 37 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. Remko van der Voordt

Mailing Address 253 Lafayette St Unit A

City State Zip Code
Salem MA 01970

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
327.08

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296087

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
B. Loran Vocaturo

Mailing Address 18 Richard Road

City State Zip Code
East Brunswick NJ 08816

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
327.08

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296088

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
C. Mr. Timothy C Wadman

Mailing Address 204 Babbling Brook Drive

City State Zip Code
Saint Charles MO 63303

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1615.53

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296089

Amount of Each Receipt this Period
76.93

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 OF 43
	(check only one)	
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Robert S Ward
Full Name (Last, First, Middle Initial)

Mailing Address 5707 TPC Parkway Apt 1626

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **404.04**

Date of Receipt

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

Transaction ID : A2014-2296090

Amount of Each Receipt this Period

19.24

B. Mr. Randall K Watts
Full Name (Last, First, Middle Initial)

Mailing Address 200 Pleasant View Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **404.04**

Date of Receipt

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

Transaction ID : A2014-2296091

Amount of Each Receipt this Period

19.24

C. Mr. Frank J Weber
Full Name (Last, First, Middle Initial)

Mailing Address 456 Sorrel Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1384.74**

Date of Receipt

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

Transaction ID : A2014-2296092

Amount of Each Receipt this Period

76.93

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 OF 43
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Andrea F White
 Full Name (Last, First, Middle Initial)
 Mailing Address 1817 Jacobs Lane
 City Vestavia Hills State AL Zip Code 35216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296093
 Amount of Each Receipt this Period
 19.24

B. Mr. Brian J Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 9670 Rod Road
 City Alpharetta State GA Zip Code 30022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296094
 Amount of Each Receipt this Period
 115.39

C. Mr. Juan C Yanes
 Full Name (Last, First, Middle Initial)
 Mailing Address 4143 Stargrass Court
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2296095
 Amount of Each Receipt this Period
 19.24

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

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

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

FOR LINE NUMBER: PAGE 40 OF 43
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Full Name (Last, First, Middle Initial)
Ms. Coleen Zimmerman

Mailing Address 3804 Bohler Road

City Appling	State GA	Zip Code 30802
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1230.88

Date of Receipt

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

Transaction ID : A2014-2296096

Amount of Each Receipt this Period
76.93

B. Full Name (Last, First, Middle Initial)

Mailing Address

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

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

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

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	76.93
TOTAL This Period (last page this line number only).....▶	4712.32

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

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

FOR LINE NUMBER: PAGE 41 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Cantor for Congress
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 17813
 City Richmond State VA Zip Code 23226
 FEC ID number of contributing federal political committee. **C** C00355461
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2040.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2014
Transaction ID : A2014-13633
 Amount of Each Receipt this Period
 2040.00
 Partial refund for contribution dated 12/9/13

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

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

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

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

SUBTOTAL of Receipts This Page (optional).....▶	2040.00
TOTAL This Period (last page this line number only).....▶	2040.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)

A. Mark Pryor for US Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement Contribution

011

Candidate Name
Mark Pryor

Category/Type

Office Sought: House Senate President
State: AR District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2014

Transaction ID : B536006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Udall for Colorado

Mailing Address PO Box 40158

City Denver State CO Zip Code 80204

Purpose of Disbursement Contribution

011

Candidate Name
Mark Udall

Category/Type

Office Sought: House Senate President
State: CO District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2014

Transaction ID : B536007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Friends of Jeanne Shaheen

Mailing Address 105 N State Street

City Concord State NH Zip Code 03301

Purpose of Disbursement Contribution

011

Candidate Name
Jeanne Shaheen

Category/Type

Office Sought: House Senate President
State: NH District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2014

Transaction ID : B536003

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)

A. National Republican Congressional Cmte

Mailing Address 320 1st St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 09 / 2014

Transaction ID : B536004

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

15000.00

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

21000.00