



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Select Medical Corporation PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>		73631.48
(b) Cash on Hand at Beginning of Reporting Period.....	21000.02	
(c) Total Receipts (from Line 19) .....	164209.57	262578.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	185209.59	336209.59
7. Total Disbursements (from Line 31).....	69000.00	220000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	116209.59	116209.59
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

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).....	163171.07	249000.74
(ii) Unitemized .....	1038.50	8577.37
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	164209.57	257578.11
(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) .....	164209.57	257578.11
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
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)).....▶	164209.57	262578.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	164209.57	262578.11

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	64000.00	215000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	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 (Including Non-Federal Donations).....	5000.00	5000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	69000.00	220000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	69000.00	220000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	164209.57	257578.11
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	164209.57	257578.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Bellmar, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.07

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2021  
**Transaction ID : A2021-1322916**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Bellmar, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2021  
**Transaction ID : A2021-1458116**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Bellmar, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2021  
**Transaction ID : A2021-1588595**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A. Bellmar, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt 08 / 13 / 2021  
**Transaction ID : A2021-1686858**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Bellmar, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt 08 / 27 / 2021  
**Transaction ID : A2021-1799664**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Bellmar, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 09 / 10 / 2021  
**Transaction ID : A2021-1927639**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 262
	<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. Bellmar, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 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  
 09 / 24 / 2021  
**Transaction ID : A2021-2029078**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Bellmar, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2021  
**Transaction ID : A2021-2087254**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Bellmar, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 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 / 22 / 2021  
**Transaction ID : A2021-2203578**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Bellmar, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 11 / 05 / 2021  
**Transaction ID : A2021-2719481**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Bellmar, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 19 / 2021  
**Transaction ID : A2021-2479317**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Bellmar, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt 12 / 03 / 2021  
**Transaction ID : A2021-2664955**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 262
	<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. Bellmar, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2021  
**Transaction ID : A2021-2719471**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Bellmar, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : A2021-2773839**  
 Amount of Each Receipt this Period  
 115.25  
 Memo Item

**C. Bencomo, Dionisio, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2851 SW 137 Court  
 City Miami State FL Zip Code 33175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2021  
**Transaction ID : A2021-1322940**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.03
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 262  
(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. Bencomo, Dionisio, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2851 SW 137 Court  
 City Miami State FL Zip Code 33175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt 07 / 23 / 2021  
**Transaction ID : A2021-1475357**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Bencomo, Dionisio, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2851 SW 137 Court  
 City Miami State FL Zip Code 33175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt 08 / 06 / 2021  
**Transaction ID : A2021-1620878**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Bencomo, Dionisio, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2851 SW 137 Court  
 City Miami State FL Zip Code 33175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt 08 / 20 / 2021  
**Transaction ID : A2021-1796460**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 12 OF 262  
(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. Bencomo, Dionisio, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2851 SW 137 Court  
 City Miami State FL Zip Code 33175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 09 / 03 / 2021  
**Transaction ID : A2021-1928598**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Bencomo, Dionisio, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2851 SW 137 Court  
 City Miami State FL Zip Code 33175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt 09 / 17 / 2021  
**Transaction ID : A2021-2029045**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

Date of Receipt 10 / 01 / 2021  
**Transaction ID : A2021-2043081**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Bencomo, Dionisio, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2851 SW 137 Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2423.19

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

**Transaction ID : A2021-2141575**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Bencomo, Dionisio, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2851 SW 137 Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2538.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2021

**Transaction ID : A2021-2217005**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Bencomo, Dionisio, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2851 SW 137 Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2653.97

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2021

**Transaction ID : A2021-2456518**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 262
	<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. Bencomo, Dionisio, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2851 SW 137 Court  
 City Miami State FL Zip Code 33175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt  
 11 / 26 / 2021  
**Transaction ID : A2021-2493335**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Bencomo, Dionisio, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2851 SW 137 Court  
 City Miami State FL Zip Code 33175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt  
 12 / 10 / 2021  
**Transaction ID : A2021-2710106**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Bencomo, Dionisio, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2851 SW 137 Court  
 City Miami State FL Zip Code 33175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 12 / 24 / 2021  
**Transaction ID : A2021-2773803**  
 Amount of Each Receipt this Period  
 115.25  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.03
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 262  
(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. Bolcavage, Theodore, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 207 Bryant St  
 City Mechanicsburg State PA Zip Code 17050-4148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 09 / 2021  
**Transaction ID : A2021-1322923**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Bolcavage, Theodore, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 207 Bryant St  
 City Mechanicsburg State PA Zip Code 17050-4148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt 07 / 23 / 2021  
**Transaction ID : A2021-1475340**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Bolcavage, Theodore, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 207 Bryant St  
 City Mechanicsburg State PA Zip Code 17050-4148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt 08 / 06 / 2021  
**Transaction ID : A2021-1620862**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Bolcavage, Theodore, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 207 Bryant St  
 City Mechanicsburg State PA Zip Code 17050-4148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt **08 / 20 / 2021**  
**Transaction ID : A2021-1796443**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Bolcavage, Theodore, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 207 Bryant St  
 City Mechanicsburg State PA Zip Code 17050-4148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt **09 / 03 / 2021**  
**Transaction ID : A2021-1928581**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Bolcavage, Theodore, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 207 Bryant St  
 City Mechanicsburg State PA Zip Code 17050-4148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt **09 / 17 / 2021**  
**Transaction ID : A2021-2029028**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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



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

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

FOR LINE NUMBER: PAGE 17 OF 262  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Bolcavage, Theodore, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 207 Bryant St  
 City Mechanicsburg State PA Zip Code 17050-4148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 01 / 2021  
**Transaction ID : A2021-2043064**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Bolcavage, Theodore, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 207 Bryant St  
 City Mechanicsburg State PA Zip Code 17050-4148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 15 / 2021  
**Transaction ID : A2021-2141558**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Bolcavage, Theodore, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 207 Bryant St  
 City Mechanicsburg State PA Zip Code 17050-4148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 10 / 29 / 2021  
**Transaction ID : A2021-2217012**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 18 OF 262  
(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. Bolcavage, Theodore, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 207 Bryant St  
 City Mechanicsburg State PA Zip Code 17050-4148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 12 / 2021  
**Transaction ID : A2021-2456501**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Bolcavage, Theodore, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 207 Bryant St  
 City Mechanicsburg State PA Zip Code 17050-4148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt 11 / 26 / 2021  
**Transaction ID : A2021-2493370**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Bolcavage, Theodore, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 207 Bryant St  
 City Mechanicsburg State PA Zip Code 17050-4148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt 12 / 10 / 2021  
**Transaction ID : A2021-2710089**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 19 OF 262  
(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. Bolcavage, Theodore, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 207 Bryant St  
 City Mechanicsburg State PA Zip Code 17050-4148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **12 / 24 / 2021**  
**Transaction ID : A2021-2773847**  
 Amount of Each Receipt this Period 115.25  
 Memo Item

**B. Bradley, Daniel, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2261 Turk Road  
 City Doylestown State PA Zip Code 18901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2692.34

Date of Receipt **07 / 09 / 2021**  
**Transaction ID : A2021-1322932**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Bradley, Daniel, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2261 Turk Road  
 City Doylestown State PA Zip Code 18901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2884.65

Date of Receipt **07 / 23 / 2021**  
**Transaction ID : A2021-1475349**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	499.87
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2261 Turk Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3076.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2021

**Transaction ID : A2021-1620871**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 2261 Turk Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3269.27

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2021

**Transaction ID : A2021-1796452**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 2261 Turk Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3461.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2021

**Transaction ID : A2021-1928590**

Amount of Each Receipt this Period  
192.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 262
	<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. Bradley, Daniel, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2261 Turk Road  
 City Doylestown State PA Zip Code 18901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3653.89

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2021  
**Transaction ID : A2021-2029037**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2021  
**Transaction ID : A2021-2043073**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2021  
**Transaction ID : A2021-2141567**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 262
	<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. Bradley, Daniel, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2261 Turk Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4230.82

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2021

**Transaction ID : A2021-2217021**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 2261 Turk Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4423.13

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2021

**Transaction ID : A2021-2456510**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 2261 Turk Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4615.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2021

**Transaction ID : A2021-2493379**

Amount of Each Receipt this Period  
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2261 Turk Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4807.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2021

**Transaction ID : A2021-2710098**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 2261 Turk Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2021

**Transaction ID : A2021-2773795**

Amount of Each Receipt this Period  
192.25

Memo Item

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

Mailing Address 613 Carrie Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2021

**Transaction ID : A2021-1322937**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	499.95
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 613 Carrie Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1730.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2021

**Transaction ID : A2021-1475354**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 613 Carrie Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1846.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2021

**Transaction ID : A2021-1620875**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 613 Carrie Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1961.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2021

**Transaction ID : A2021-1796457**

Amount of Each Receipt this Period  
115.39

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

Mailing Address 613 Carrie Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2077.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2021

**Transaction ID : A2021-1928595**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 613 Carrie Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2192.41

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2021

**Transaction ID : A2021-2029042**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 613 Carrie Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2307.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2021

**Transaction ID : A2021-2043078**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Mailing Address 613 Carrie Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2423.19

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2021

**Transaction ID : A2021-2141572**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 613 Carrie Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2538.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2021

**Transaction ID : A2021-2217002**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 613 Carrie Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2653.97

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2021

**Transaction ID : A2021-2456515**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Breighner, Robert, G, Mr., Jr.</b>			Date of Receipt
Mailing Address 613 Carrie Drive			<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2021"/>
City Dallastown	State PA	Zip Code 17313	<b>Transaction ID : A2021-2493332</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="115.39"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2769.36"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Breighner, Robert, G, Mr., Jr.</b>			Date of Receipt
Mailing Address 613 Carrie Drive			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2021"/>
City Dallastown	State PA	Zip Code 17313	<b>Transaction ID : A2021-2710103</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="115.39"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2884.75"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Breighner, Robert, G, Mr., Jr.</b>			Date of Receipt
Mailing Address 613 Carrie Drive			<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2021"/>
City Dallastown	State PA	Zip Code 17313	<b>Transaction ID : A2021-2773800</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="115.25"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="3000.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="346.03"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 28 OF 262  
(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. Brozowsky, Diane, M, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1795 Alpine Ave  
 City Boulder State CO Zip Code 80304-3649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 09 / 2021  
**Transaction ID : A2021-1322949**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Brozowsky, Diane, M, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1795 Alpine Ave  
 City Boulder State CO Zip Code 80304-3649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt 07 / 23 / 2021  
**Transaction ID : A2021-1475366**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Brozowsky, Diane, M, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1795 Alpine Ave  
 City Boulder State CO Zip Code 80304-3649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt 08 / 06 / 2021  
**Transaction ID : A2021-1620887**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A. Brozowsky, Diane, M, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1795 Alpine Ave  
 City Boulder State CO Zip Code 80304-3649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt **08 / 20 / 2021**  
**Transaction ID : A2021-1796469**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Brozowsky, Diane, M, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1795 Alpine Ave  
 City Boulder State CO Zip Code 80304-3649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt **09 / 03 / 2021**  
**Transaction ID : A2021-1928607**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Brozowsky, Diane, M, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1795 Alpine Ave  
 City Boulder State CO Zip Code 80304-3649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt **09 / 17 / 2021**  
**Transaction ID : A2021-2029055**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 30 OF 262  
(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. Brozowsky, Diane, M, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1795 Alpine Ave  
 City Boulder State CO Zip Code 80304-3649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 01 / 2021  
**Transaction ID : A2021-2043091**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Brozowsky, Diane, M, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1795 Alpine Ave  
 City Boulder State CO Zip Code 80304-3649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 15 / 2021  
**Transaction ID : A2021-2141585**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Brozowsky, Diane, M, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1795 Alpine Ave  
 City Boulder State CO Zip Code 80304-3649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 10 / 29 / 2021  
**Transaction ID : A2021-2217031**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Brozowsky, Diane, M, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1795 Alpine Ave

City Boulder	State CO	Zip Code 80304-3649
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2653.97

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2021

**Transaction ID : A2021-2456529**

Amount of Each Receipt this Period  

115.39
--------

 Memo Item

**B. Brozowsky, Diane, M, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1795 Alpine Ave

City Boulder	State CO	Zip Code 80304-3649
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2769.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2021

**Transaction ID : A2021-2493346**

Amount of Each Receipt this Period  

115.39
--------

 Memo Item

**C. Brozowsky, Diane, M, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1795 Alpine Ave

City Boulder	State CO	Zip Code 80304-3649
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2884.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2021

**Transaction ID : A2021-2710117**

Amount of Each Receipt this Period  

115.39
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 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 32 OF 262  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Brozowsky, Diane, M, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1795 Alpine Ave  
 City Boulder State CO Zip Code 80304-3649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2021  
**Transaction ID : A2021-2773814**  
 Amount of Each Receipt this Period  
 115.25  
 Memo Item

**B. Cannon, Matthew, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19073 Twilight Trl  
 City Eden Prairie State MN Zip Code 55346-4047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2021  
**Transaction ID : A2021-1322959**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Cannon, Matthew, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19073 Twilight Trl  
 City Eden Prairie State MN Zip Code 55346-4047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2021  
**Transaction ID : A2021-1475376**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 346.03  
**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 262  
(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. Cannon, Matthew, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19073 Twilight Trl  
 City Eden Prairie State MN Zip Code 55346-4047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt 08 / 06 / 2021  
**Transaction ID : A2021-1620897**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Cannon, Matthew, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19073 Twilight Trl  
 City Eden Prairie State MN Zip Code 55346-4047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt 08 / 20 / 2021  
**Transaction ID : A2021-1796479**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Cannon, Matthew, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19073 Twilight Trl  
 City Eden Prairie State MN Zip Code 55346-4047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 09 / 03 / 2021  
**Transaction ID : A2021-1928617**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 262
	<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. Cannon, Matthew, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19073 Twilight Trl  
 City Eden Prairie State MN Zip Code 55346-4047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt 09 / 17 / 2021  
**Transaction ID : A2021-2029066**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Cannon, Matthew, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19073 Twilight Trl  
 City Eden Prairie State MN Zip Code 55346-4047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 01 / 2021  
**Transaction ID : A2021-2043104**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

Date of Receipt 10 / 15 / 2021  
**Transaction ID : A2021-2141598**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 262
	<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
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	<input type="checkbox"/> 17	

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

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

Date of Receipt 10 / 29 / 2021  
**Transaction ID : A2021-2217044**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Cannon, Matthew, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19073 Twilight Trl  
 City Eden Prairie State MN Zip Code 55346-4047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 12 / 2021  
**Transaction ID : A2021-2456543**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Cannon, Matthew, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19073 Twilight Trl  
 City Eden Prairie State MN Zip Code 55346-4047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt 11 / 26 / 2021  
**Transaction ID : A2021-2493360**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 262
	<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. Cannon, Matthew, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19073 Twilight Trl  
 City Eden Prairie State MN Zip Code 55346-4047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt **12 / 10 / 2021**  
**Transaction ID : A2021-2710131**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Cannon, Matthew, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19073 Twilight Trl  
 City Eden Prairie State MN Zip Code 55346-4047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **12 / 24 / 2021**  
**Transaction ID : A2021-2773828**  
 Amount of Each Receipt this Period 115.25  
 Memo Item

**C. Carey, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.03

Date of Receipt **07 / 09 / 2021**  
**Transaction ID : A2021-1322962**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	422.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 262
	<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. Carey, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2692.34

Date of Receipt **07 / 23 / 2021**  
**Transaction ID : A2021-1475379**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Carey, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2884.65

Date of Receipt **08 / 06 / 2021**  
**Transaction ID : A2021-1620900**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Carey, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3076.96

Date of Receipt **08 / 20 / 2021**  
**Transaction ID : A2021-1796482**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Carey, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3269.27

Date of Receipt 09 / 03 / 2021  
**Transaction ID : A2021-1928620**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Carey, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3461.58

Date of Receipt 09 / 17 / 2021  
**Transaction ID : A2021-2029069**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Carey, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3653.89

Date of Receipt 10 / 01 / 2021  
**Transaction ID : A2021-2043108**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 OF 262
	(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. Carey, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3846.20

Date of Receipt 10 / 15 / 2021  
**Transaction ID : A2021-2141602**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Carey, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4038.51

Date of Receipt 10 / 29 / 2021  
**Transaction ID : A2021-2217048**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Carey, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4230.82

Date of Receipt 11 / 12 / 2021  
**Transaction ID : A2021-2456547**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 262
	<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. Carey, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4423.13

Date of Receipt 11 / 26 / 2021  
**Transaction ID : A2021-2493364**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Carey, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4615.44

Date of Receipt 12 / 10 / 2021  
**Transaction ID : A2021-2710135**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Carey, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4807.75

Date of Receipt 12 / 24 / 2021  
**Transaction ID : A2021-2773832**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

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



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

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

FOR LINE NUMBER: PAGE 41 OF 262  
(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. Carpenter, Allen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4132 3rd St Apt 1  
 City San Francisco State CA Zip Code 94124-2130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.07

Date of Receipt 07 / 02 / 2021  
**Transaction ID : A2021-1322918**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Carpenter, Allen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4132 3rd St Apt 1  
 City San Francisco State CA Zip Code 94124-2130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 16 / 2021  
**Transaction ID : A2021-1458118**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Carpenter, Allen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4132 3rd St Apt 1  
 City San Francisco State CA Zip Code 94124-2130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt 07 / 30 / 2021  
**Transaction ID : A2021-1588597**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 262
	<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. Carpenter, Allen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4132 3rd St Apt 1  
 City San Francisco State CA Zip Code 94124-2130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt 08 / 13 / 2021  
**Transaction ID : A2021-1686860**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Carpenter, Allen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4132 3rd St Apt 1  
 City San Francisco State CA Zip Code 94124-2130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt 08 / 26 / 2021  
**Transaction ID : A2021-1799666**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Carpenter, Allen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4132 3rd St Apt 1  
 City San Francisco State CA Zip Code 94124-2130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 09 / 10 / 2021  
**Transaction ID : A2021-1927641**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Carpenter, Allen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4132 3rd St Apt 1  
 City San Francisco State CA Zip Code 94124-2130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2021  
**Transaction ID : A2021-2029072**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Carpenter, Allen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4132 3rd St Apt 1  
 City San Francisco State CA Zip Code 94124-2130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2021  
**Transaction ID : A2021-2087256**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Carpenter, Allen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4132 3rd St Apt 1  
 City San Francisco State CA Zip Code 94124-2130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2021  
**Transaction ID : A2021-2203580**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 262
	<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. Carpenter, Allen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4132 3rd St Apt 1  
 City San Francisco State CA Zip Code 94124-2130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt **11 / 05 / 2021**  
**Transaction ID : A2021-2719483**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Carpenter, Allen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4132 3rd St Apt 1  
 City San Francisco State CA Zip Code 94124-2130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt **11 / 19 / 2021**  
**Transaction ID : A2021-2479319**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Carpenter, Allen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4132 3rd St Apt 1  
 City San Francisco State CA Zip Code 94124-2130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt **12 / 03 / 2021**  
**Transaction ID : A2021-2664957**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Carpenter, Allen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4132 3rd St Apt 1  
 City San Francisco State CA Zip Code 94124-2130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2021  
**Transaction ID : A2021-2719473**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Carpenter, Allen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4132 3rd St Apt 1  
 City San Francisco State CA Zip Code 94124-2130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : A2021-2773841**  
 Amount of Each Receipt this Period  
 115.25  
 Memo Item

**C. Carson, Russell, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 930 Fifth Avenue  
 City New York State NY Zip Code 10021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2021  
**Transaction ID : A2021-2201413**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5230.64
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 262
	<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. Chambers, Jason, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1415 Aaron Creek Drive

City Fisherville	State KY	Zip Code 40023
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2021

**Transaction ID : A2021-1322935**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Chambers, Jason, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1415 Aaron Creek Drive

City Fisherville	State KY	Zip Code 40023
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1730.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2021

**Transaction ID : A2021-1475352**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Chambers, Jason, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1415 Aaron Creek Drive

City Fisherville	State KY	Zip Code 40023
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1846.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2021

**Transaction ID : A2021-1620873**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 OF 262
	(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. Chambers, Jason, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1415 Aaron Creek Drive

City Fisherville	State KY	Zip Code 40023
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1961.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2021

**Transaction ID : A2021-1796455**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Chambers, Jason, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1415 Aaron Creek Drive

City Fisherville	State KY	Zip Code 40023
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2077.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2021

**Transaction ID : A2021-1928593**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Chambers, Jason, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1415 Aaron Creek Drive

City Fisherville	State KY	Zip Code 40023
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2192.41

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2021

**Transaction ID : A2021-2029040**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Chambers, Jason, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1415 Aaron Creek Drive

City Fisherville	State KY	Zip Code 40023
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2307.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2021

**Transaction ID : A2021-2043076**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Chambers, Jason, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1415 Aaron Creek Drive

City Fisherville	State KY	Zip Code 40023
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2423.19

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

**Transaction ID : A2021-2141570**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Chambers, Jason, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1415 Aaron Creek Drive

City Fisherville	State KY	Zip Code 40023
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2538.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2021

**Transaction ID : A2021-2217000**

Amount of Each Receipt this Period  
115.39

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Chambers, Jason, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1415 Aaron Creek Drive

City Fisherville	State KY	Zip Code 40023
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2653.97

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2021

**Transaction ID : A2021-2456513**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Chambers, Jason, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1415 Aaron Creek Drive

City Fisherville	State KY	Zip Code 40023
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2769.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2021

**Transaction ID : A2021-2493382**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Chambers, Jason, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1415 Aaron Creek Drive

City Fisherville	State KY	Zip Code 40023
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2884.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2021

**Transaction ID : A2021-2710101**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 OF 262
	(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. Chambers, Jason, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1415 Aaron Creek Drive

City Fisherville	State KY	Zip Code 40023
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2021

**Transaction ID : A2021-2773798**

Amount of Each Receipt this Period  
115.25

Memo Item

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

Mailing Address 700 Gladstone Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2021

**Transaction ID : A2021-1322951**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 700 Gladstone Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2884.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2021

**Transaction ID : A2021-1475368**

Amount of Each Receipt this Period  
192.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	499.87
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 51 OF 262  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Chernow, David, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 Gladstone Court  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3076.96

Date of Receipt 08 / 06 / 2021  
**Transaction ID : A2021-1620889**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Chernow, David, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 Gladstone Court  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3269.27

Date of Receipt 08 / 20 / 2021  
**Transaction ID : A2021-1796471**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Chernow, David, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 Gladstone Court  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3461.58

Date of Receipt 09 / 03 / 2021  
**Transaction ID : A2021-1928609**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 OF 262
	(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. Chernow, David, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 Gladstone Court  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3653.89

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2021  
**Transaction ID : A2021-2029058**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**B. Chernow, David, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 Gladstone Court  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3846.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2021  
**Transaction ID : A2021-2043095**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**C. Chernow, David, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 Gladstone Court  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4038.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2021  
**Transaction ID : A2021-2141589**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 262
	<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. Chernow, David, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 700 Gladstone Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4230.82

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2021

**Transaction ID : A2021-2217035**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 700 Gladstone Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4423.13

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2021

**Transaction ID : A2021-2456534**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 700 Gladstone Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4615.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2021

**Transaction ID : A2021-2493351**

Amount of Each Receipt this Period  
192.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A. Chernow, David, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 Gladstone Court  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4807.75

Date of Receipt 12 / 10 / 2021  
**Transaction ID : A2021-2710122**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Chernow, David, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 Gladstone Court  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 24 / 2021  
**Transaction ID : A2021-2773819**  
 Amount of Each Receipt this Period 192.25  
 Memo Item

**C. Collins, Michael, E, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 540 Raymond Dr.  
 City West Chester State PA Zip Code 19380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 29 / 2021  
**Transaction ID : A2021-2029071**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 3384.56  
**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 55 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Davisson, Katherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Cantral Park W  
 Apt 14R  
 City New York State NY Zip Code 10023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Board of Directors  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **10 / 20 / 2021**  
**Transaction ID : A2021-2201412**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Deemer, Miriam, R, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 285 Merriweather Rd  
 City Grosse Pointe Farms State MI Zip Code 48236-3428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2692.34

Date of Receipt **07 / 09 / 2021**  
**Transaction ID : A2021-1322953**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Deemer, Miriam, R, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 285 Merriweather Rd  
 City Grosse Pointe Farms State MI Zip Code 48236-3428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2884.65

Date of Receipt **07 / 23 / 2021**  
**Transaction ID : A2021-1475370**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5384.62
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 56 OF 262  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Deemer, Miriam, R, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 285 Merriweather Rd  
 City Grosse Pointe Farms State MI Zip Code 48236-3428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3076.96

Date of Receipt 08 / 06 / 2021  
**Transaction ID : A2021-1620891**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Deemer, Miriam, R, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 285 Merriweather Rd  
 City Grosse Pointe Farms State MI Zip Code 48236-3428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3269.27

Date of Receipt 08 / 20 / 2021  
**Transaction ID : A2021-1796473**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Deemer, Miriam, R, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 285 Merriweather Rd  
 City Grosse Pointe Farms State MI Zip Code 48236-3428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3461.58

Date of Receipt 09 / 03 / 2021  
**Transaction ID : A2021-1928611**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

**A. Deemer, Miriam, R, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 285 Merriweather Rd  
 City Grosse Pointe Farms State MI Zip Code 48236-3428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3653.89

Date of Receipt 09 / 17 / 2021  
**Transaction ID : A2021-2029060**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Deemer, Miriam, R, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 285 Merriweather Rd  
 City Grosse Pointe Farms State MI Zip Code 48236-3428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3846.20

Date of Receipt 10 / 01 / 2021  
**Transaction ID : A2021-2043098**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Deemer, Miriam, R, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 285 Merriweather Rd  
 City Grosse Pointe Farms State MI Zip Code 48236-3428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4038.51

Date of Receipt 10 / 15 / 2021  
**Transaction ID : A2021-2141592**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 58 OF 262  
(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. Deemer, Miriam, R, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 285 Merriweather Rd  
 City Grosse Pointe Farms State MI Zip Code 48236-3428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4230.82

Date of Receipt 10 / 29 / 2021  
**Transaction ID : A2021-2217038**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Deemer, Miriam, R, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 285 Merriweather Rd  
 City Grosse Pointe Farms State MI Zip Code 48236-3428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4423.13

Date of Receipt 11 / 12 / 2021  
**Transaction ID : A2021-2456537**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Deemer, Miriam, R, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 285 Merriweather Rd  
 City Grosse Pointe Farms State MI Zip Code 48236-3428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4615.44

Date of Receipt 11 / 26 / 2021  
**Transaction ID : A2021-2493354**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 59 OF 262  
(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. Deemer, Miriam, R, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 285 Merriweather Rd  
 City Grosse Pointe Farms State MI Zip Code 48236-3428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4807.75

Date of Receipt 12 / 10 / 2021  
**Transaction ID : A2021-2710125**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Deemer, Miriam, R, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 285 Merriweather Rd  
 City Grosse Pointe Farms State MI Zip Code 48236-3428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 24 / 2021  
**Transaction ID : A2021-2773822**  
 Amount of Each Receipt this Period 192.25  
 Memo Item

**C. Dehoff, James, L, Jr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1317 Abington Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2692.34

Date of Receipt 07 / 09 / 2021  
**Transaction ID : A2021-1322921**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 576.87  
**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 60 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dehoff, James, L, Jr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1317 Abington Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2884.65

Date of Receipt **07 / 23 / 2021**  
**Transaction ID : A2021-1475338**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Dehoff, James, L, Jr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1317 Abington Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3076.96

Date of Receipt **08 / 06 / 2021**  
**Transaction ID : A2021-1620860**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Dehoff, James, L, Jr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1317 Abington Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3269.27

Date of Receipt **08 / 20 / 2021**  
**Transaction ID : A2021-1796441**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dehoff, James, L, Jr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1317 Abington Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3461.58

Date of Receipt **09 / 03 / 2021**  
**Transaction ID : A2021-1928579**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Dehoff, James, L, Jr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1317 Abington Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3653.89

Date of Receipt **09 / 17 / 2021**  
**Transaction ID : A2021-2029026**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Dehoff, James, L, Jr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1317 Abington Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3846.20

Date of Receipt **10 / 01 / 2021**  
**Transaction ID : A2021-2043062**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 62 OF 262  
(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. Dehoff, James, L, Jr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1317 Abington Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4038.51

Date of Receipt 10 / 15 / 2021  
**Transaction ID : A2021-2141556**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Dehoff, James, L, Jr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1317 Abington Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4230.82

Date of Receipt 10 / 29 / 2021  
**Transaction ID : A2021-2217010**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Dehoff, James, L, Jr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1317 Abington Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4423.13

Date of Receipt 11 / 12 / 2021  
**Transaction ID : A2021-2456499**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 262
	<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. Dehoff, James, L, Jr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1317 Abington Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4615.44

Date of Receipt **11 / 26 / 2021**  
**Transaction ID : A2021-2493368**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Dehoff, James, L, Jr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1317 Abington Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4807.75

Date of Receipt **12 / 10 / 2021**  
**Transaction ID : A2021-2710087**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Dehoff, James, L, Jr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1317 Abington Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **12 / 24 / 2021**  
**Transaction ID : A2021-2773845**  
 Amount of Each Receipt this Period 192.25  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.87
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dishner, Kerry, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 202 Downing Pl  
 Suite 1050  
 City Mechanicsburg State PA Zip Code 17050-6881  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2021  
**Transaction ID : A2021-1322952**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Dishner, Kerry, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 202 Downing Pl  
 Suite 1050  
 City Mechanicsburg State PA Zip Code 17050-6881  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2021  
**Transaction ID : A2021-1475369**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Dishner, Kerry, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 202 Downing Pl  
 Suite 1050  
 City Mechanicsburg State PA Zip Code 17050-6881  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 06 / 2021  
**Transaction ID : A2021-1620890**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dishner, Kerry, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 202 Downing Pl  
 Suite 1050  
 City Mechanicsburg State PA Zip Code 17050-6881  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt **08 / 20 / 2021**  
**Transaction ID : A2021-1796472**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Dishner, Kerry, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 202 Downing Pl  
 Suite 1050  
 City Mechanicsburg State PA Zip Code 17050-6881  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt **09 / 03 / 2021**  
**Transaction ID : A2021-1928610**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Dishner, Kerry, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 202 Downing Pl  
 Suite 1050  
 City Mechanicsburg State PA Zip Code 17050-6881  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2269.33

Date of Receipt **09 / 17 / 2021**  
**Transaction ID : A2021-2029059**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Dishner, Kerry, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 202 Downing Pl  
 Suite 1050  
 City Mechanicsburg State PA Zip Code 17050-6881  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2461.64

Date of Receipt 10 / 01 / 2021  
**Transaction ID : A2021-2043096**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Dishner, Kerry, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 202 Downing Pl  
 Suite 1050  
 City Mechanicsburg State PA Zip Code 17050-6881  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2653.95

Date of Receipt 10 / 15 / 2021  
**Transaction ID : A2021-2141590**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Dishner, Kerry, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 202 Downing Pl  
 Suite 1050  
 City Mechanicsburg State PA Zip Code 17050-6881  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2846.26

Date of Receipt 10 / 29 / 2021  
**Transaction ID : A2021-2217036**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 67 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Dishner, Kerry, R, ,</b>		Date of Receipt MM / DD / YYYY 11 / 12 / 2021 <b>Transaction ID : A2021-2456535</b>
Mailing Address 202 Downing Pl Suite 1050		Amount of Each Receipt this Period 192.31
City Mechanicsburg	State PA	Zip Code 17050-6881
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3038.57	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Dishner, Kerry, R, ,</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2021 <b>Transaction ID : A2021-2493352</b>
Mailing Address 202 Downing Pl Suite 1050		Amount of Each Receipt this Period 192.31
City Mechanicsburg	State PA	Zip Code 17050-6881
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3230.88	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Dishner, Kerry, R, ,</b>		Date of Receipt MM / DD / YYYY 12 / 10 / 2021 <b>Transaction ID : A2021-2710123</b>
Mailing Address 202 Downing Pl Suite 1050		Amount of Each Receipt this Period 192.31
City Mechanicsburg	State PA	Zip Code 17050-6881
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 3423.19	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 OF 262
	(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. Dishner, Kerry, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 202 Downing Pl  
 Suite 1050  
 City Mechanicsburg State PA Zip Code 17050-6881  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3615.50

Date of Receipt **12 / 24 / 2021**  
**Transaction ID : A2021-2773820**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Duggan, John, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1764 North Meadow Drive  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **11 / 16 / 2021**  
**Transaction ID : A2021-2434717**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Ely, James, S, , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O Box 6926  
 City McLean State VA Zip Code 22106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **10 / 20 / 2021**  
**Transaction ID : A2021-2201415**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10192.31
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Evans, Alan, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 09 / 2021 <b>Transaction ID : A2021-1322948</b>
Mailing Address 4714 Gettysburg Rd		Amount of Each Receipt this Period 115.39
City Mechanicsburg	State PA	Zip Code 17055
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.46	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Evans, Alan, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 23 / 2021 <b>Transaction ID : A2021-1475365</b>
Mailing Address 4714 Gettysburg Rd		Amount of Each Receipt this Period 115.39
City Mechanicsburg	State PA	Zip Code 17055
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.85	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Evans, Alan, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 06 / 2021 <b>Transaction ID : A2021-1620886</b>
Mailing Address 4714 Gettysburg Rd		Amount of Each Receipt this Period 115.39
City Mechanicsburg	State PA	Zip Code 17055
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1846.24	

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

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

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

FOR LINE NUMBER: PAGE 70 OF 262  
(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. Evans, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt 08 / 20 / 2021  
**Transaction ID : A2021-1796468**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Evans, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 09 / 03 / 2021  
**Transaction ID : A2021-1928606**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Evans, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt 09 / 17 / 2021  
**Transaction ID : A2021-2029054**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 71 OF 262  
(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. Evans, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 01 / 2021  
**Transaction ID : A2021-2043090**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Evans, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 15 / 2021  
**Transaction ID : A2021-2141584**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Evans, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 10 / 29 / 2021  
**Transaction ID : A2021-2217030**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 72 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Evans, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt  
 11 / 12 / 2021  
**Transaction ID : A2021-2456528**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Evans, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt  
 11 / 26 / 2021  
**Transaction ID : A2021-2493345**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Evans, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt  
 12 / 10 / 2021  
**Transaction ID : A2021-2710116**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 262
	<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. Evans, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **12 / 24 / 2021**  
**Transaction ID : A2021-2773813**  
 Amount of Each Receipt this Period 115.25  
 Memo Item

**B. Farley, Kyle, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13316 E 93rd St  
 City Kansas City State MO Zip Code 64138-5000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt **07 / 09 / 2021**  
**Transaction ID : A2021-1322947**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Farley, Kyle, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13316 E 93rd St  
 City Kansas City State MO Zip Code 64138-5000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt **07 / 23 / 2021**  
**Transaction ID : A2021-1475364**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.03
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 74 OF 262  
(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. Farley, Kyle, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13316 E 93rd St  
 City Kansas City State MO Zip Code 64138-5000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt 08 / 06 / 2021  
**Transaction ID : A2021-1620885**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Farley, Kyle, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13316 E 93rd St  
 City Kansas City State MO Zip Code 64138-5000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt 08 / 20 / 2021  
**Transaction ID : A2021-1796467**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Farley, Kyle, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13316 E 93rd St  
 City Kansas City State MO Zip Code 64138-5000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 09 / 03 / 2021  
**Transaction ID : A2021-1928605**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 75 OF 262  
(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. Farley, Kyle, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13316 E 93rd St  
 City Kansas City    State MO    Zip Code 64138-5000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation    Occupation (for Individual) Vice President  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt 09 / 17 / 2021  
**Transaction ID : A2021-2029053**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Farley, Kyle, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13316 E 93rd St  
 City Kansas City    State MO    Zip Code 64138-5000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation    Occupation (for Individual) Vice President  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 01 / 2021  
**Transaction ID : A2021-2043089**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Farley, Kyle, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13316 E 93rd St  
 City Kansas City    State MO    Zip Code 64138-5000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation    Occupation (for Individual) Vice President  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 15 / 2021  
**Transaction ID : A2021-2141583**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 76 OF 262  
(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. Farley, Kyle, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13316 E 93rd St  
 City Kansas City State MO Zip Code 64138-5000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2021  
**Transaction ID : A2021-2217029**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Farley, Kyle, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13316 E 93rd St  
 City Kansas City State MO Zip Code 64138-5000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 12 / 2021  
**Transaction ID : A2021-2456527**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Farley, Kyle, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13316 E 93rd St  
 City Kansas City State MO Zip Code 64138-5000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2021  
**Transaction ID : A2021-2493344**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 262
	<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. Farley, Kyle, L, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13316 E 93rd St

City Kansas City	State MO	Zip Code 64138-5000
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2884.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2021

**Transaction ID : A2021-2710115**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Farley, Kyle, L, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13316 E 93rd St

City Kansas City	State MO	Zip Code 64138-5000
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2021

**Transaction ID : A2021-2773812**

Amount of Each Receipt this Period  
115.25

Memo Item

**C. Frist, William, H, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2908 Poston Avenue

City Nashville	State TN	Zip Code 37203
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2021

**Transaction ID : A2021-2201417**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5230.64
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5024 Westbury Farms Dr

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2021

**Transaction ID : A2021-1322961**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 5024 Westbury Farms Dr

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1730.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2021

**Transaction ID : A2021-1475378**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 5024 Westbury Farms Dr

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1846.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2021

**Transaction ID : A2021-1620899**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 5024 Westbury Farms Dr

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1961.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2021

**Transaction ID : A2021-1796481**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 5024 Westbury Farms Dr

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2077.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2021

**Transaction ID : A2021-1928619**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 5024 Westbury Farms Dr

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2192.41

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2021

**Transaction ID : A2021-2029068**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Fucci, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5024 Westbury Farms Dr  
 City Erie State PA Zip Code 16506-6120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 01 / 2021  
**Transaction ID : A2021-2043107**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Fucci, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5024 Westbury Farms Dr  
 City Erie State PA Zip Code 16506-6120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 15 / 2021  
**Transaction ID : A2021-2141601**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Fucci, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5024 Westbury Farms Dr  
 City Erie State PA Zip Code 16506-6120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 10 / 29 / 2021  
**Transaction ID : A2021-2217047**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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



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

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

FOR LINE NUMBER: PAGE 81 OF 262  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Fucci, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5024 Westbury Farms Dr  
 City Erie State PA Zip Code 16506-6120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 12 / 2021  
**Transaction ID : A2021-2456546**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Fucci, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5024 Westbury Farms Dr  
 City Erie State PA Zip Code 16506-6120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt 11 / 26 / 2021  
**Transaction ID : A2021-2493363**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Fucci, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5024 Westbury Farms Dr  
 City Erie State PA Zip Code 16506-6120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt 12 / 10 / 2021  
**Transaction ID : A2021-2710134**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Fucci, Thomas, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 24 / 2021 <b>Transaction ID : A2021-2773831</b>
Mailing Address 5024 Westbury Farms Dr		Amount of Each Receipt this Period 115.25
City Erie	State PA	<input type="checkbox"/> Memo Item
	Zip Code 16506-6120	
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Select Medical Corporation		
Occupation (for Individual) Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Gasse, Suzanne, D, Ms.,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2021 <b>Transaction ID : A2021-2493343</b>
Mailing Address 3903 West Sailboat Drive		Amount of Each Receipt this Period 115.39
City Pembroke Pines	State FL	<input type="checkbox"/> Memo Item
	Zip Code 33026	
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Select Medical Corporation		
Occupation (for Individual) Vice President of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.78	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Gasse, Suzanne, D, Ms.,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2021 <b>Transaction ID : A2021-2710114</b>
Mailing Address 3903 West Sailboat Drive		Amount of Each Receipt this Period 115.39
City Pembroke Pines	State FL	<input type="checkbox"/> Memo Item
	Zip Code 33026	
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Select Medical Corporation		
Occupation (for Individual) Vice President of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 346.17	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.03
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 83 OF 262  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Gasse, Suzanne, D, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3903 West Sailboat Drive  
 City: Pembroke Pines    State: FL    Zip Code: 33026  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer (for Individual): Select Medical Corporation    Occupation (for Individual): Vice President of Operations  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼: 461.56

Date of Receipt: 12 / 24 / 2021  
**Transaction ID : A2021-2773811**  
 Amount of Each Receipt this Period: 115.39  
 Memo Item

**B. Godley, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City: Mechanicsburg    State: PA    Zip Code: 17055  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer (for Individual): Select Medical Corporation    Occupation (for Individual): Executive  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼: 1500.07

Date of Receipt: 07 / 02 / 2021  
**Transaction ID : A2021-1322915**  
 Amount of Each Receipt this Period: 115.39  
 Memo Item

**C. Godley, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City: Mechanicsburg    State: PA    Zip Code: 17055  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer (for Individual): Select Medical Corporation    Occupation (for Individual): Executive  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼: 1615.46

Date of Receipt: 07 / 16 / 2021  
**Transaction ID : A2021-1458115**  
 Amount of Each Receipt this Period: 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 262
	<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. Godley, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt **07 / 30 / 2021**  
**Transaction ID : A2021-1588594**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Godley, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt **08 / 13 / 2021**  
**Transaction ID : A2021-1686857**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Godley, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt **08 / 27 / 2021**  
**Transaction ID : A2021-1799663**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 85 OF 262  
(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. Godley, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 09 / 10 / 2021  
**Transaction ID : A2021-1927638**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Godley, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt 09 / 24 / 2021  
**Transaction ID : A2021-2029077**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Godley, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 08 / 2021  
**Transaction ID : A2021-2087253**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Godley, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 22 / 2021  
**Transaction ID : A2021-2203577**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Godley, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 11 / 05 / 2021  
**Transaction ID : A2021-2719480**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Godley, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 19 / 2021  
**Transaction ID : A2021-2479316**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 87 OF 262  
(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. Godley, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2021  
**Transaction ID : A2021-2664954**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Godley, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2021  
**Transaction ID : A2021-2719470**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Godley, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : A2021-2773838**  
 Amount of Each Receipt this Period  
 115.25  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 346.03  
**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 88 OF 262  
(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. Hamilton, Randal, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 Pelican Way  
 City Panama City Beach State FL Zip Code 32408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt 10 / 01 / 2021  
**Transaction ID : A2021-2043092**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Hamilton, Randal, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 Pelican Way  
 City Panama City Beach State FL Zip Code 32408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt 10 / 15 / 2021  
**Transaction ID : A2021-2141586**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Hamilton, Randal, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 Pelican Way  
 City Panama City Beach State FL Zip Code 32408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 10 / 29 / 2021  
**Transaction ID : A2021-2217032**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 262
	<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. Hamilton, Randal, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 Pelican Way  
 City Panama City Beach State FL Zip Code 32408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 12 / 2021  
**Transaction ID : A2021-2456530**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Hamilton, Randal, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 Pelican Way  
 City Panama City Beach State FL Zip Code 32408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2021  
**Transaction ID : A2021-2493347**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Hamilton, Randal, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 Pelican Way  
 City Panama City Beach State FL Zip Code 32408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2021  
**Transaction ID : A2021-2710118**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Hamilton, Randal, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 145 Pelican Way

City Panama City Beach	State FL	Zip Code 32408
---------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
923.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2021

**Transaction ID : A2021-2773815**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Hammerman, Samuel, I, Doctor, I.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Windy Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2021

**Transaction ID : A2021-1322956**

Amount of Each Receipt this Period  
192.31

Memo Item

**C. Hammerman, Samuel, I, Doctor, I.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Windy Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2884.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2021

**Transaction ID : A2021-1475373**

Amount of Each Receipt this Period  
192.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 91 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Hammerman, Samuel, I, Doctor, I.**

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

Mailing Address 6 Windy Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3076.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2021

**Transaction ID : A2021-1620894**

Amount of Each Receipt this Period  
192.31

Memo Item

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

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

Mailing Address 6 Windy Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3269.27

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2021

**Transaction ID : A2021-1796476**

Amount of Each Receipt this Period  
192.31

Memo Item

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

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

Mailing Address 6 Windy Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3461.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2021

**Transaction ID : A2021-1928614**

Amount of Each Receipt this Period  
192.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 92 OF 262  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Hammerman, Samuel, I, Doctor, I.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Windy Drive  
 City Shavertown State PA Zip Code 18708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Chief Medical Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3653.89

Date of Receipt 09 / 17 / 2021  
**Transaction ID : A2021-2029063**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Hammerman, Samuel, I, Doctor, I.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Windy Drive  
 City Shavertown State PA Zip Code 18708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Chief Medical Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3846.20

Date of Receipt 10 / 01 / 2021  
**Transaction ID : A2021-2043101**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Hammerman, Samuel, I, Doctor, I.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Windy Drive  
 City Shavertown State PA Zip Code 18708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Chief Medical Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4038.51

Date of Receipt 10 / 15 / 2021  
**Transaction ID : A2021-2141595**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 93 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Hammerman, Samuel, I, Doctor, I.**

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

Mailing Address 6 Windy Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4230.82

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2021

**Transaction ID : A2021-2217041**

Amount of Each Receipt this Period  
192.31

Memo Item

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

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

Mailing Address 6 Windy Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4423.13

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2021

**Transaction ID : A2021-2456540**

Amount of Each Receipt this Period  
192.31

Memo Item

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

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

Mailing Address 6 Windy Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4615.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2021

**Transaction ID : A2021-2493357**

Amount of Each Receipt this Period  
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 262
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Hammerman, Samuel, I, Doctor, I.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2021 <b>Transaction ID : A2021-2710128</b>
Mailing Address 6 Windy Drive		Amount of Each Receipt this Period 192.31
City Shavertown	State PA	Zip Code 18708
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4807.75	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Hammerman, Samuel, I, Doctor, I.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 24 / 2021 <b>Transaction ID : A2021-2773825</b>
Mailing Address 6 Windy Drive		Amount of Each Receipt this Period 192.25
City Shavertown	State PA	Zip Code 18708
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Hedeman, Robin, , Ms.,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2021 <b>Transaction ID : A2021-1322943</b>
Mailing Address 15 W Main St PO 194		Amount of Each Receipt this Period 19.24
City Brookside	State NJ	Zip Code 07926
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 269.36	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	403.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Hedeman, Robin, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 W Main St PO 194  
 City Brookside State NJ Zip Code 07926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt **07 / 23 / 2021**  
**Transaction ID : A2021-1475360**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. Hedeman, Robin, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 W Main St PO 194  
 City Brookside State NJ Zip Code 07926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt **08 / 06 / 2021**  
**Transaction ID : A2021-1620881**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**C. Hedeman, Robin, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 W Main St PO 194  
 City Brookside State NJ Zip Code 07926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt **08 / 20 / 2021**  
**Transaction ID : A2021-1796463**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 96 OF 262  
(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. Hedeman, Robin, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 W Main St PO 194  
 City Brookside State NJ Zip Code 07926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt 09 / 03 / 2021  
**Transaction ID : A2021-1928601**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. Hedeman, Robin, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 W Main St PO 194  
 City Brookside State NJ Zip Code 07926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt 09 / 17 / 2021  
**Transaction ID : A2021-2029048**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

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

Date of Receipt 10 / 01 / 2021  
**Transaction ID : A2021-2043084**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

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



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

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

FOR LINE NUMBER: PAGE 97 OF 262  
(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. Hedeman, Robin, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 W Main St PO 194  
 City Brookside State NJ Zip Code 07926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt 10 / 15 / 2021  
**Transaction ID : A2021-2141578**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. Hedeman, Robin, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 W Main St PO 194  
 City Brookside State NJ Zip Code 07926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt 10 / 29 / 2021  
**Transaction ID : A2021-2217024**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

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

Date of Receipt 11 / 12 / 2021  
**Transaction ID : A2021-2456521**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 98 OF 262  
(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. Hedeman, Robin, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 W Main St PO 194  
 City Brookside State NJ Zip Code 07926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.76

Date of Receipt 11 / 26 / 2021  
**Transaction ID : A2021-2493338**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. Hedeman, Robin, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 W Main St PO 194  
 City Brookside State NJ Zip Code 07926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt 12 / 10 / 2021  
**Transaction ID : A2021-2710109**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**C. Hedeman, Robin, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 W Main St PO 194  
 City Brookside State NJ Zip Code 07926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 24 / 2021  
**Transaction ID : A2021-2773806**  
 Amount of Each Receipt this Period 19.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.48  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 262
	<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. Hollenbach, John, T, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3607 Weymouth Drive  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2692.34

Date of Receipt **07 / 09 / 2021**  
**Transaction ID : A2021-1322955**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Hollenbach, John, T, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3607 Weymouth Drive  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2884.65

Date of Receipt **07 / 23 / 2021**  
**Transaction ID : A2021-1475372**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Hollenbach, John, T, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3607 Weymouth Drive  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3076.96

Date of Receipt **08 / 06 / 2021**  
**Transaction ID : A2021-1620893**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 100 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Hollenbach, John, T, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3607 Weymouth Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3269.27

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2021

**Transaction ID : A2021-1796475**

Amount of Each Receipt this Period  
192.31

Memo Item

**B. Hollenbach, John, T, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3607 Weymouth Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3461.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2021

**Transaction ID : A2021-1928613**

Amount of Each Receipt this Period  
192.31

Memo Item

**C. Hollenbach, John, T, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3607 Weymouth Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3653.89

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2021

**Transaction ID : A2021-2029062**

Amount of Each Receipt this Period  
192.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 262
	<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. Hollenbach, John, T, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3607 Weymouth Drive  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3846.20

Date of Receipt 10 / 01 / 2021  
**Transaction ID : A2021-2043100**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Hollenbach, John, T, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3607 Weymouth Drive  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4038.51

Date of Receipt 10 / 15 / 2021  
**Transaction ID : A2021-2141594**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Hollenbach, John, T, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3607 Weymouth Drive  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4230.82

Date of Receipt 10 / 29 / 2021  
**Transaction ID : A2021-2217040**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 262
	<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. Hollenbach, John, T, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3607 Weymouth Drive  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4423.13

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 12 / 2021  
**Transaction ID : A2021-2456539**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**B. Hollenbach, John, T, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3607 Weymouth Drive  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4615.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2021  
**Transaction ID : A2021-2493356**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**C. Hollenbach, John, T, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3607 Weymouth Drive  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4807.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2021  
**Transaction ID : A2021-2710127**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 103 OF 262  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Hollenbach, John, T, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3607 Weymouth Drive  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **12 / 24 / 2021**  
**Transaction ID : A2021-2773824**  
 Amount of Each Receipt this Period 192.25  
 Memo Item

**B. Jackson, Martin, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Ellesmere Lane  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2692.34

Date of Receipt **07 / 09 / 2021**  
**Transaction ID : A2021-1322922**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Jackson, Martin, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Ellesmere Lane  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2884.65

Date of Receipt **07 / 23 / 2021**  
**Transaction ID : A2021-1475339**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 576.87  
**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 104 OF 262  
(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. Jackson, Martin, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Ellesmere Lane  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3076.96

Date of Receipt 08 / 06 / 2021  
**Transaction ID : A2021-1620861**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Jackson, Martin, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Ellesmere Lane  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3269.27

Date of Receipt 08 / 20 / 2021  
**Transaction ID : A2021-1796442**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Jackson, Martin, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Ellesmere Lane  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3461.58

Date of Receipt 09 / 03 / 2021  
**Transaction ID : A2021-1928580**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Jackson, Martin, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Ellesmere Lane

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3653.89

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2021  
**Transaction ID : A2021-2029027**

Amount of Each Receipt this Period  
 192.31

Memo Item

**B. Jackson, Martin, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Ellesmere Lane

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3846.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2021  
**Transaction ID : A2021-2043063**

Amount of Each Receipt this Period  
 192.31

Memo Item

**C. Jackson, Martin, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Ellesmere Lane

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4038.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2021  
**Transaction ID : A2021-2141557**

Amount of Each Receipt this Period  
 192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 262
	<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. Jackson, Martin, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Ellesmere Lane  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4230.82

Date of Receipt **10 / 29 / 2021**  
**Transaction ID : A2021-2217011**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Jackson, Martin, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Ellesmere Lane  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4423.13

Date of Receipt **11 / 12 / 2021**  
**Transaction ID : A2021-2456500**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Jackson, Martin, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Ellesmere Lane  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4615.44

Date of Receipt **11 / 26 / 2021**  
**Transaction ID : A2021-2493369**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 262
	<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. Jackson, Martin, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Ellesmere Lane  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4807.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2021  
**Transaction ID : A2021-2710088**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**B. Jackson, Martin, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Ellesmere Lane  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2021  
**Transaction ID : A2021-2773846**  
 Amount of Each Receipt this Period  
 192.25  
 Memo Item

**C. James, Stephanie, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 Parkins Mill Rd.  
 City Greenville State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2021  
**Transaction ID : A2021-1322950**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	499.95
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 262
	<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. James, Stephanie, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 Parkins Mill Rd.  
 City Greenville State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt **07 / 23 / 2021**  
**Transaction ID : A2021-1475367**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. James, Stephanie, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 Parkins Mill Rd.  
 City Greenville State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt **08 / 06 / 2021**  
**Transaction ID : A2021-1620888**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. James, Stephanie, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 Parkins Mill Rd.  
 City Greenville State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt **08 / 20 / 2021**  
**Transaction ID : A2021-1796470**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 109 OF 262  
(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. James, Stephanie, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 Parkins Mill Rd.  
 City Greenville State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 09 / 03 / 2021  
**Transaction ID : A2021-1928608**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. James, Stephanie, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 Parkins Mill Rd.  
 City Greenville State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt 09 / 17 / 2021  
**Transaction ID : A2021-2029057**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. James, Stephanie, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 Parkins Mill Rd.  
 City Greenville State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 01 / 2021  
**Transaction ID : A2021-2043094**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 110 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Date of Receipt 10 / 15 / 2021  
**Transaction ID : A2021-2141588**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

Date of Receipt 10 / 29 / 2021  
**Transaction ID : A2021-2217034**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. James, Stephanie, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 Parkins Mill Rd.  
 City Greenville State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 12 / 2021  
**Transaction ID : A2021-2456533**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. James, Stephanie, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 Parkins Mill Rd.  
 City Greenville State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt 11 / 26 / 2021  
**Transaction ID : A2021-2493350**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. James, Stephanie, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 Parkins Mill Rd.  
 City Greenville State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt 12 / 10 / 2021  
**Transaction ID : A2021-2710121**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. James, Stephanie, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 Parkins Mill Rd.  
 City Greenville State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 24 / 2021  
**Transaction ID : A2021-2773818**  
 Amount of Each Receipt this Period 115.25  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.03
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 112 OF 262  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Keim, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt 11 / 05 / 2021  
**Transaction ID : A2021-2719478**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Keim, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt 11 / 19 / 2021  
**Transaction ID : A2021-2479314**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Keim, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 12 / 03 / 2021  
**Transaction ID : A2021-2664952**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 113 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Keim, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2021  
**Transaction ID : A2021-2719468**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Keim, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : A2021-2773836**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Keith, Christopher, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13 Hopper Dr.  
 City Goddard State KS Zip Code 67052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2021  
**Transaction ID : A2021-2141591**  
 Amount of Each Receipt this Period  
 115.38  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Keith, Christopher, D, ,</b>		Date of Receipt MM / DD / YYYY 10 / 29 / 2021
Mailing Address 13 Hopper Dr.		<b>Transaction ID : A2021-2217037</b>
City Goddard	State KS	Zip Code 67052
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.38
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Keith, Christopher, D, ,</b>		Date of Receipt MM / DD / YYYY 11 / 12 / 2021
Mailing Address 13 Hopper Dr.		<b>Transaction ID : A2021-2456536</b>
City Goddard	State KS	Zip Code 67052
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.38
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Keith, Christopher, D, ,</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2021
Mailing Address 13 Hopper Dr.		<b>Transaction ID : A2021-2493353</b>
City Goddard	State KS	Zip Code 67052
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.38
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 576.90	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 115 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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. Keith, Christopher, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13 Hopper Dr.  
 City Goddard State KS Zip Code 67052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2021  
**Transaction ID : A2021-2710124**  
 Amount of Each Receipt this Period  
 115.38  
 Memo Item

**B. Keith, Christopher, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13 Hopper Dr.  
 City Goddard State KS Zip Code 67052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2021  
**Transaction ID : A2021-2773821**  
 Amount of Each Receipt this Period  
 115.38  
 Memo Item

**C. Key, David, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1750 Eliza Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1077.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2021  
**Transaction ID : A2021-1322939**  
 Amount of Each Receipt this Period  
 76.93  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Key, David, F, Mr.,</b>			Date of Receipt MM / DD / YYYY 07 / 23 / 2021 <b>Transaction ID : A2021-1475356</b>		
Mailing Address 1750 Eliza Way			Amount of Each Receipt this Period 76.93		
City Mechanicsburg	State PA	Zip Code 17050	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1153.95			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Key, David, F, Mr.,</b>			Date of Receipt MM / DD / YYYY 08 / 06 / 2021 <b>Transaction ID : A2021-1620877</b>		
Mailing Address 1750 Eliza Way			Amount of Each Receipt this Period 76.93		
City Mechanicsburg	State PA	Zip Code 17050	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1230.88			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Key, David, F, Mr.,</b>			Date of Receipt MM / DD / YYYY 08 / 20 / 2021 <b>Transaction ID : A2021-1796459</b>		
Mailing Address 1750 Eliza Way			Amount of Each Receipt this Period 76.93		
City Mechanicsburg	State PA	Zip Code 17050	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1307.81			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Key, David, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1750 Eliza Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1384.74

Date of Receipt  
 09 / 03 / 2021  
**Transaction ID : A2021-1928597**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. Key, David, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1750 Eliza Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1461.67

Date of Receipt  
 09 / 17 / 2021  
**Transaction ID : A2021-2029044**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**C. Key, David, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1750 Eliza Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.60

Date of Receipt  
 10 / 01 / 2021  
**Transaction ID : A2021-2043080**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 262
	<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. Key, David, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1750 Eliza Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.53

Date of Receipt 10 / 15 / 2021  
**Transaction ID : A2021-2141574**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. Key, David, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1750 Eliza Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1692.46

Date of Receipt 10 / 29 / 2021  
**Transaction ID : A2021-2217004**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**C. Key, David, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1750 Eliza Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1769.39

Date of Receipt 11 / 12 / 2021  
**Transaction ID : A2021-2456517**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Key, David, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1750 Eliza Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.32

Date of Receipt 11 / 26 / 2021  
**Transaction ID : A2021-2493334**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. Key, David, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1750 Eliza Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1923.25

Date of Receipt 12 / 10 / 2021  
**Transaction ID : A2021-2710105**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**C. Key, David, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1750 Eliza Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.18

Date of Receipt 12 / 24 / 2021  
**Transaction ID : A2021-2773802**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 120 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Kida, Sue, A, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 89 Powder Mill Road  
 City Morris Plains State NJ Zip Code 07950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 10 / 12 / 2021  
**Transaction ID : A2021-2087420**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item

**B. Kido, Robert, S, , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1205 E Powderhorn Rd Suite 1050  
 City Mechanicsburg State PA Zip Code 17050-2011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Director of Finance - LTACH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt 10 / 15 / 2021  
**Transaction ID : A2021-2141600**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Kido, Robert, S, , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1205 E Powderhorn Rd Suite 1050  
 City Mechanicsburg State PA Zip Code 17050-2011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Director of Finance - LTACH  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt 10 / 29 / 2021  
**Transaction ID : A2021-2217046**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3230.78
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 262
	<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. Kido, Robert, S, , Jr.**

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

Mailing Address 1205 E Powderhorn Rd  
Suite 1050

City Mechanicsburg State PA Zip Code 17050-2011

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.56

Date of Receipt 11 / 12 / 2021

**Transaction ID : A2021-2456545**

Amount of Each Receipt this Period 115.39

Memo Item

**B. Kido, Robert, S, , Jr.**

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

Mailing Address 1205 E Powderhorn Rd  
Suite 1050

City Mechanicsburg State PA Zip Code 17050-2011

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.95

Date of Receipt 11 / 26 / 2021

**Transaction ID : A2021-2493362**

Amount of Each Receipt this Period 115.39

Memo Item

**C. Kido, Robert, S, , Jr.**

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

Mailing Address 1205 E Powderhorn Rd  
Suite 1050

City Mechanicsburg State PA Zip Code 17050-2011

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 692.34

Date of Receipt 12 / 10 / 2021

**Transaction ID : A2021-2710133**

Amount of Each Receipt this Period 115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 122 OF 262
	(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. Kido, Robert, S, , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1205 E Powderhorn Rd  
Suite 1050

City Mechanicsburg State PA Zip Code 17050-2011

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2021

**Transaction ID : A2021-2773830**

Amount of Each Receipt this Period  
 115.39

Memo Item

**B. Kurmakov, Aleksey, N, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2409 W Bayberry Dr

City Harrisburg State PA Zip Code 17112-1040

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1615.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2021

**Transaction ID : A2021-1322924**

Amount of Each Receipt this Period  
 115.39

Memo Item

**C. Kurmakov, Aleksey, N, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2409 W Bayberry Dr

City Harrisburg State PA Zip Code 17112-1040

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1730.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2021

**Transaction ID : A2021-1475341**

Amount of Each Receipt this Period  
 115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 123 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Kurmakov, Aleksey, N, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2409 W Bayberry Dr  
 City Harrisburg State PA Zip Code 17112-1040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt 08 / 06 / 2021  
**Transaction ID : A2021-1620863**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Kurmakov, Aleksey, N, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2409 W Bayberry Dr  
 City Harrisburg State PA Zip Code 17112-1040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt 08 / 20 / 2021  
**Transaction ID : A2021-1796444**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Kurmakov, Aleksey, N, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2409 W Bayberry Dr  
 City Harrisburg State PA Zip Code 17112-1040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 09 / 03 / 2021  
**Transaction ID : A2021-1928582**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 262
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Kurmakov, Aleksey, N, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2409 W Bayberry Dr  
 City Harrisburg State PA Zip Code 17112-1040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt 09 / 17 / 2021  
**Transaction ID : A2021-2029029**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

Date of Receipt 10 / 01 / 2021  
**Transaction ID : A2021-2043065**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Kurmakov, Aleksey, N, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2409 W Bayberry Dr  
 City Harrisburg State PA Zip Code 17112-1040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 15 / 2021  
**Transaction ID : A2021-2141559**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 125 OF 262  
(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. Kurmakov, Aleksey, N, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2409 W Bayberry Dr  
 City Harrisburg State PA Zip Code 17112-1040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 10 / 29 / 2021  
**Transaction ID : A2021-2217013**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

Date of Receipt 11 / 12 / 2021  
**Transaction ID : A2021-2456502**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Kurmakov, Aleksey, N, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2409 W Bayberry Dr  
 City Harrisburg State PA Zip Code 17112-1040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt 11 / 26 / 2021  
**Transaction ID : A2021-2493371**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 126 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Kurmakov, Aleksey, N, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2409 W Bayberry Dr  
 City Harrisburg State PA Zip Code 17112-1040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt  
 12 / 10 / 2021  
**Transaction ID : A2021-2710090**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Kurmakov, Aleksey, N, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2409 W Bayberry Dr  
 City Harrisburg State PA Zip Code 17112-1040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 12 / 24 / 2021  
**Transaction ID : A2021-2773848**  
 Amount of Each Receipt this Period  
 115.25  
 Memo Item

**C. Lacey, Mary, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Sunfire Avenue  
 City Camp Hill State PA Zip Code 17011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt  
 07 / 09 / 2021  
**Transaction ID : A2021-1322941**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.03
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 127 OF 262  
(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. Lacey, Mary, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Sunfire Avenue  
 City Camp Hill State PA Zip Code 17011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt **07 / 23 / 2021**  
**Transaction ID : A2021-1475358**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Lacey, Mary, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Sunfire Avenue  
 City Camp Hill State PA Zip Code 17011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt **08 / 06 / 2021**  
**Transaction ID : A2021-1620879**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Lacey, Mary, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Sunfire Avenue  
 City Camp Hill State PA Zip Code 17011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt **08 / 20 / 2021**  
**Transaction ID : A2021-1796461**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 262
	<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. Lacey, Mary, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Sunfire Avenue  
 City Camp Hill State PA Zip Code 17011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt  
 09 / 03 / 2021  
**Transaction ID : A2021-1928599**  
 Amount of Each Receipt this Period  
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 Memo Item

**B. Lacey, Mary, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Sunfire Avenue  
 City Camp Hill State PA Zip Code 17011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt  
 09 / 17 / 2021  
**Transaction ID : A2021-2029046**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Lacey, Mary, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Sunfire Avenue  
 City Camp Hill State PA Zip Code 17011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt  
 10 / 01 / 2021  
**Transaction ID : A2021-2043082**  
 Amount of Each Receipt this Period  
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 Memo Item

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



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

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

FOR LINE NUMBER: PAGE 129 OF 262  
(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. Lacey, Mary, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Sunfire Avenue  
 City Camp Hill State PA Zip Code 17011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 15 / 2021  
**Transaction ID : A2021-2141576**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Lacey, Mary, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Sunfire Avenue  
 City Camp Hill State PA Zip Code 17011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 10 / 29 / 2021  
**Transaction ID : A2021-2217006**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Lacey, Mary, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Sunfire Avenue  
 City Camp Hill State PA Zip Code 17011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 12 / 2021  
**Transaction ID : A2021-2456519**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 262
	<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. Lacey, Mary, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Sunfire Avenue  
 City Camp Hill State PA Zip Code 17011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2769.36

Date of Receipt **11 / 26 / 2021**  
**Transaction ID : A2021-2493336**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Lacey, Mary, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Sunfire Avenue  
 City Camp Hill State PA Zip Code 17011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.75

Date of Receipt **12 / 10 / 2021**  
**Transaction ID : A2021-2710107**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Lacey, Mary, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Sunfire Avenue  
 City Camp Hill State PA Zip Code 17011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **12 / 24 / 2021**  
**Transaction ID : A2021-2773804**  
 Amount of Each Receipt this Period 115.25  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.03
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 262
	<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. Lehman, Marybeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.07

Date of Receipt  
 07 / 02 / 2021  
**Transaction ID : A2021-1322917**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Lehman, Marybeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt  
 07 / 16 / 2021  
**Transaction ID : A2021-1458117**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Lehman, Marybeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt  
 07 / 30 / 2021  
**Transaction ID : A2021-1588596**  
 Amount of Each Receipt this Period  
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 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Lehman, Marybeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt 08 / 13 / 2021  
**Transaction ID : A2021-1686859**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Lehman, Marybeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt 08 / 27 / 2021  
**Transaction ID : A2021-1799665**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Lehman, Marybeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 09 / 10 / 2021  
**Transaction ID : A2021-1927640**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 133 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Lehman, Marybeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt **09 / 24 / 2021**  
**Transaction ID : A2021-2029079**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Lehman, Marybeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt **10 / 08 / 2021**  
**Transaction ID : A2021-2087255**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Lehman, Marybeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt **10 / 22 / 2021**  
**Transaction ID : A2021-2203579**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 262
	<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. Lehman, Marybeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 11 / 05 / 2021  
**Transaction ID : A2021-2719482**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Lehman, Marybeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 19 / 2021  
**Transaction ID : A2021-2479318**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Lehman, Marybeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt 12 / 03 / 2021  
**Transaction ID : A2021-2664956**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 135 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Lehman, Marybeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt 12 / 17 / 2021  
**Transaction ID : A2021-2719472**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Lehman, Marybeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : A2021-2773840**  
 Amount of Each Receipt this Period 115.25  
 Memo Item

**C. Lindley, Lauren, B, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 Indian Bayou Drive  
 City Destin State FL Zip Code 32541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.07

Date of Receipt 07 / 02 / 2021  
**Transaction ID : A2021-1322914**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.03
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 262
	<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. Lindley, Lauren, B, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 Indian Bayou Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2021

**Transaction ID : A2021-1458114**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 36 Indian Bayou Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1730.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2021

**Transaction ID : A2021-1588593**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 36 Indian Bayou Drive

City Destin	State FL	Zip Code 32541
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1846.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2021

**Transaction ID : A2021-1686856**

Amount of Each Receipt this Period  
115.39

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 262
	<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. Lindley, Lauren, B, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 Indian Bayou Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1961.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2021

**Transaction ID : A2021-1799662**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 36 Indian Bayou Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2077.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2021

**Transaction ID : A2021-1927637**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 36 Indian Bayou Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2192.41

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2021

**Transaction ID : A2021-2029076**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 262
	<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. Lindley, Lauren, B, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 Indian Bayou Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2307.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2021

**Transaction ID : A2021-2087252**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 36 Indian Bayou Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2423.19

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2021

**Transaction ID : A2021-2203576**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 36 Indian Bayou Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2538.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2021

**Transaction ID : A2021-2719479**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 262
	<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. Lindley, Lauren, B, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 Indian Bayou Drive  
 City Destin State FL Zip Code 32541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt **11 / 19 / 2021**  
**Transaction ID : A2021-2479315**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Lindley, Lauren, B, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 Indian Bayou Drive  
 City Destin State FL Zip Code 32541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt **12 / 03 / 2021**  
**Transaction ID : A2021-2664953**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Lindley, Lauren, B, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 Indian Bayou Drive  
 City Destin State FL Zip Code 32541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt **12 / 17 / 2021**  
**Transaction ID : A2021-2719469**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 262
	<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. Lindley, Lauren, B, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 Indian Bayou Drive  
 City Destin State FL Zip Code 32541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **12 / 31 / 2021**  
**Transaction ID : A2021-2773837**  
 Amount of Each Receipt this Period 115.25  
 Memo Item

**B. Malatesta, Michael, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4145 Serenity Street  
 City Schwenksville State PA Zip Code 19473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2692.34

Date of Receipt **07 / 09 / 2021**  
**Transaction ID : A2021-1322931**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Malatesta, Michael, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4145 Serenity Street  
 City Schwenksville State PA Zip Code 19473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2884.65

Date of Receipt **07 / 23 / 2021**  
**Transaction ID : A2021-1475348**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	499.87
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4145 Serenity Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3076.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2021

**Transaction ID : A2021-1620870**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 4145 Serenity Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3269.27

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2021

**Transaction ID : A2021-1796451**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 4145 Serenity Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3461.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2021

**Transaction ID : A2021-1928589**

Amount of Each Receipt this Period  
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Malatesta, Michael, F, Mr.,</b>			Date of Receipt
Mailing Address 4145 Serenity Street			<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2021"/>
City Schwenksville	State PA	Zip Code 19473	<b>Transaction ID : A2021-2029036</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="192.31"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3653.89"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Malatesta, Michael, F, Mr.,</b>			Date of Receipt
Mailing Address 4145 Serenity Street			<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2021"/>
City Schwenksville	State PA	Zip Code 19473	<b>Transaction ID : A2021-2043072</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="192.31"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3846.20"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Malatesta, Michael, F, Mr.,</b>			Date of Receipt
Mailing Address 4145 Serenity Street			<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2021"/>
City Schwenksville	State PA	Zip Code 19473	<b>Transaction ID : A2021-2141566</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="192.31"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="4038.51"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="576.93"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Malatesta, Michael, F, Mr.,</b>			Date of Receipt
Mailing Address 4145 Serenity Street			<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2021"/>
City Schwenksville	State PA	Zip Code 19473	<b>Transaction ID : A2021-2217020</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="192.31"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="4230.82"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Malatesta, Michael, F, Mr.,</b>			Date of Receipt
Mailing Address 4145 Serenity Street			<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2021"/>
City Schwenksville	State PA	Zip Code 19473	<b>Transaction ID : A2021-2456509</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="192.31"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="4423.13"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Malatesta, Michael, F, Mr.,</b>			Date of Receipt
Mailing Address 4145 Serenity Street			<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2021"/>
City Schwenksville	State PA	Zip Code 19473	<b>Transaction ID : A2021-2493378</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="192.31"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="4615.44"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="576.93"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4145 Serenity Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4807.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2021

**Transaction ID : A2021-2710097**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 4145 Serenity Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2021

**Transaction ID : A2021-2773794**

Amount of Each Receipt this Period  
192.25

Memo Item

**C. Malloy, Edward, M, Mr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 Upton Way

City Sewell	State NJ	Zip Code 08080
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2021

**Transaction ID : A2021-2086609**

Amount of Each Receipt this Period  
3000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3384.56
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Marshall, Christopher, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4966 Cline Hollow Road  
 City Export State PA Zip Code 15632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 09 / 2021  
**Transaction ID : A2021-1322926**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Marshall, Christopher, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4966 Cline Hollow Road  
 City Export State PA Zip Code 15632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt 07 / 23 / 2021  
**Transaction ID : A2021-1475343**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Marshall, Christopher, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4966 Cline Hollow Road  
 City Export State PA Zip Code 15632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt 08 / 06 / 2021  
**Transaction ID : A2021-1620865**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 262
	<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. Marshall, Christopher, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4966 Cline Hollow Road  
 City Export State PA Zip Code 15632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt **08 / 20 / 2021**  
**Transaction ID : A2021-1796446**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Marshall, Christopher, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4966 Cline Hollow Road  
 City Export State PA Zip Code 15632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt **09 / 03 / 2021**  
**Transaction ID : A2021-1928584**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Marshall, Christopher, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4966 Cline Hollow Road  
 City Export State PA Zip Code 15632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt **09 / 17 / 2021**  
**Transaction ID : A2021-2029031**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 262
	<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. Marshall, Christopher, L, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4966 Cline Hollow Road

City Export	State PA	Zip Code 15632
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2307.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2021

**Transaction ID : A2021-2043067**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 4966 Cline Hollow Road

City Export	State PA	Zip Code 15632
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2423.19

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

**Transaction ID : A2021-2141561**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 4966 Cline Hollow Road

City Export	State PA	Zip Code 15632
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2538.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2021

**Transaction ID : A2021-2217015**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 262
	<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. Marshall, Christopher, L, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4966 Cline Hollow Road

City Export	State PA	Zip Code 15632
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2653.97

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2021

**Transaction ID : A2021-2456504**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 4966 Cline Hollow Road

City Export	State PA	Zip Code 15632
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2769.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2021

**Transaction ID : A2021-2493373**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 4966 Cline Hollow Road

City Export	State PA	Zip Code 15632
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2884.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2021

**Transaction ID : A2021-2710092**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 149 OF 262
	(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. Marshall, Christopher, L, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4966 Cline Hollow Road

City Export	State PA	Zip Code 15632
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2021

**Transaction ID : A2021-2773789**

Amount of Each Receipt this Period  
115.25

Memo Item

**B. McAlister, Michael, H, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Brighton Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2021

**Transaction ID : A2021-2141587**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. McAlister, Michael, H, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Brighton Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2021

**Transaction ID : A2021-2217033**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.03
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. McAlister, Michael, H, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Brighton Court

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2021

**Transaction ID : A2021-2456532**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. McAlister, Michael, H, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Brighton Court

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2021

**Transaction ID : A2021-2493349**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. McAlister, Michael, H, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Brighton Court

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

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2021

**Transaction ID : A2021-2710120**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 151 OF 262  
(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. McAlister, Michael, H, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 Brighton Court  
 City Heath State TX Zip Code 75032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt 12 / 24 / 2021  
**Transaction ID : A2021-2773817**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. McGrath, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 411 Shenandoah Drive  
 City Collegeville State PA Zip Code 19426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) NP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 29 / 2021  
**Transaction ID : A2021-2029070**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item

**C. Mena, Theodore, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4425 Indian Deer Rd  
 City Windermere State FL Zip Code 34786-3182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt 11 / 26 / 2021  
**Transaction ID : A2021-2493348**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3230.78  
**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 152 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mena, Theodore, G, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4425 Indian Deer Rd

City Windermere	State FL	Zip Code 34786-3182
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2021

**Transaction ID : A2021-2710119**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Mena, Theodore, G, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4425 Indian Deer Rd

City Windermere	State FL	Zip Code 34786-3182
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2021

**Transaction ID : A2021-2773816**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 215 St James Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2021

**Transaction ID : A2021-1322945**

Amount of Each Receipt this Period  
192.31

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 215 St James Court

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2884.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2021

**Transaction ID : A2021-1475362**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 215 St James Court

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3076.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2021

**Transaction ID : A2021-1620883**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 215 St James Court

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

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
3269.27

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2021

**Transaction ID : A2021-1796465**

Amount of Each Receipt this Period  
192.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Mullin, Thomas, P, Mr.,</b>		Date of Receipt MM / DD / YYYY 09 / 03 / 2021 <b>Transaction ID : A2021-1928603</b>
Mailing Address 215 St James Court		Amount of Each Receipt this Period 192.31
City Mechanicsburg	State PA	Zip Code 17050
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3461.58	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Mullin, Thomas, P, Mr.,</b>		Date of Receipt MM / DD / YYYY 09 / 17 / 2021 <b>Transaction ID : A2021-2029050</b>
Mailing Address 215 St James Court		Amount of Each Receipt this Period 192.31
City Mechanicsburg	State PA	Zip Code 17050
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3653.89	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Mullin, Thomas, P, Mr.,</b>		Date of Receipt MM / DD / YYYY 10 / 01 / 2021 <b>Transaction ID : A2021-2043086</b>
Mailing Address 215 St James Court		Amount of Each Receipt this Period 192.31
City Mechanicsburg	State PA	Zip Code 17050
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 3846.20	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 155 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 215 St James Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

**Transaction ID : A2021-2141580**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 215 St James Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4230.82

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2021

**Transaction ID : A2021-2217026**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 215 St James Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4423.13

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2021

**Transaction ID : A2021-2456523**

Amount of Each Receipt this Period  
192.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 215 St James Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4615.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2021

**Transaction ID : A2021-2493340**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 215 St James Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4807.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2021

**Transaction ID : A2021-2710111**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 215 St James Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2021

**Transaction ID : A2021-2773808**

Amount of Each Receipt this Period  
192.25

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.87
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 157 OF 262  
(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. Mumma, Michael, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5782 Stillwell Court  
 City Harrisburg State PA Zip Code 17112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.58

Date of Receipt 07 / 09 / 2021  
**Transaction ID : A2021-1322936**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**B. Mumma, Michael, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5782 Stillwell Court  
 City Harrisburg State PA Zip Code 17112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 23 / 2021  
**Transaction ID : A2021-1475353**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Mumma, Michael, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5782 Stillwell Court  
 City Harrisburg State PA Zip Code 17112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.52

Date of Receipt 08 / 06 / 2021  
**Transaction ID : A2021-1620874**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 262
	<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. Mumma, Michael, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5782 Stillwell Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
653.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2021

**Transaction ID : A2021-1796456**

Amount of Each Receipt this Period  
38.47

Memo Item

**B. Mumma, Michael, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5782 Stillwell Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
692.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2021

**Transaction ID : A2021-1928594**

Amount of Each Receipt this Period  
38.47

Memo Item

**C. Mumma, Michael, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5782 Stillwell Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
730.93

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2021

**Transaction ID : A2021-2029041**

Amount of Each Receipt this Period  
38.47

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 159 OF 262
	(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. Mumma, Michael, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5782 Stillwell Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
769.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2021

**Transaction ID : A2021-2043077**

Amount of Each Receipt this Period  

38.47
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 Memo Item

**B. Mumma, Michael, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5782 Stillwell Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.87

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

**Transaction ID : A2021-2141571**

Amount of Each Receipt this Period  

38.47
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 Memo Item

**C. Mumma, Michael, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5782 Stillwell Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
846.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2021

**Transaction ID : A2021-2217001**

Amount of Each Receipt this Period  

38.47
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 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 160 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mumma, Michael, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5782 Stillwell Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
884.81

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2021

**Transaction ID : A2021-2456514**

Amount of Each Receipt this Period  

38.47
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 Memo Item

**B. Mumma, Michael, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5782 Stillwell Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
923.28

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2021

**Transaction ID : A2021-2493331**

Amount of Each Receipt this Period  

38.47
-------

 Memo Item

**C. Mumma, Michael, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5782 Stillwell Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
961.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2021

**Transaction ID : A2021-2710102**

Amount of Each Receipt this Period  

38.47
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 Memo Item

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



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

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

FOR LINE NUMBER: PAGE 161 OF 262  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mumma, Michael, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5782 Stillwell Court  
 City Harrisburg State PA Zip Code 17112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.22

Date of Receipt **12 / 24 / 2021**  
**Transaction ID : A2021-2773799**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**B. Naselli Jr., Francis, P, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 655 North Heilbron Drive  
 City Media State PA Zip Code 19063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.07

Date of Receipt **07 / 02 / 2021**  
**Transaction ID : A2021-1322912**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Naselli Jr., Francis, P, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 655 North Heilbron Drive  
 City Media State PA Zip Code 19063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt **07 / 16 / 2021**  
**Transaction ID : A2021-1458112**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 162 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Naselli Jr., Francis, P, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 655 North Heilbron Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1730.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2021

**Transaction ID : A2021-1588591**

Amount of Each Receipt this Period  

115.39
--------

 Memo Item

**B. Naselli Jr., Francis, P, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 655 North Heilbron Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1846.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2021

**Transaction ID : A2021-1686854**

Amount of Each Receipt this Period  

115.39
--------

 Memo Item

**C. Naselli Jr., Francis, P, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 655 North Heilbron Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1961.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2021

**Transaction ID : A2021-1799660**

Amount of Each Receipt this Period  

115.39
--------

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 262
	<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. Naselli Jr., Francis, P, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 655 North Heilbron Drive  
 City Media State PA Zip Code 19063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 09 / 10 / 2021  
**Transaction ID : A2021-1927635**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Naselli Jr., Francis, P, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 655 North Heilbron Drive  
 City Media State PA Zip Code 19063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt 09 / 24 / 2021  
**Transaction ID : A2021-2029074**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Naselli Jr., Francis, P, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 655 North Heilbron Drive  
 City Media State PA Zip Code 19063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 08 / 2021  
**Transaction ID : A2021-2087250**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Naselli Jr., Francis, P, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 655 North Heilbron Drive  
 City Media State PA Zip Code 19063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 22 / 2021  
**Transaction ID : A2021-2203573**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Naselli Jr., Francis, P, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 655 North Heilbron Drive  
 City Media State PA Zip Code 19063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 11 / 05 / 2021  
**Transaction ID : A2021-2719476**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Naselli Jr., Francis, P, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 655 North Heilbron Drive  
 City Media State PA Zip Code 19063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 19 / 2021  
**Transaction ID : A2021-2479312**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 165 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Naselli Jr., Francis, P, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 655 North Heilbron Drive

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Regional Vice President
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2769.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2021

**Transaction ID : A2021-2664950**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Naselli Jr., Francis, P, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 655 North Heilbron Drive

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Regional Vice President
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2884.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2021

**Transaction ID : A2021-2719466**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Naselli Jr., Francis, P, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 655 North Heilbron Drive

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Regional Vice President
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : A2021-2773834**

Amount of Each Receipt this Period  
115.25

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.03
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 166 OF 262  
(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. Ortenzio, Rocco, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Westwind Dr  
 City Lemoyne State PA Zip Code 17043-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2692.34

Date of Receipt **07 / 09 / 2021**  
**Transaction ID : A2021-1322919**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Ortenzio, Rocco, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Westwind Dr  
 City Lemoyne State PA Zip Code 17043-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2884.65

Date of Receipt **07 / 23 / 2021**  
**Transaction ID : A2021-1475336**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Ortenzio, Rocco, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Westwind Dr  
 City Lemoyne State PA Zip Code 17043-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3076.96

Date of Receipt **08 / 06 / 2021**  
**Transaction ID : A2021-1620858**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 576.93  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Ortenzio, Rocco, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Westwind Dr  
 City Lemoyne State PA Zip Code 17043-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3269.27

Date of Receipt **08 / 20 / 2021**  
**Transaction ID : A2021-1796439**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Ortenzio, Rocco, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Westwind Dr  
 City Lemoyne State PA Zip Code 17043-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3461.58

Date of Receipt **09 / 03 / 2021**  
**Transaction ID : A2021-1928577**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Ortenzio, Rocco, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Westwind Dr  
 City Lemoyne State PA Zip Code 17043-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3653.89

Date of Receipt **09 / 17 / 2021**  
**Transaction ID : A2021-2029024**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 168 OF 262
	(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. Ortenzio, Rocco, A, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Westwind Dr

City Lemoyne	State PA	Zip Code 17043-1234
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice-Chairman
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3846.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2021

**Transaction ID : A2021-2043060**

Amount of Each Receipt this Period  
192.31

Memo Item

**B. Ortenzio, Rocco, A, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Westwind Dr

City Lemoyne	State PA	Zip Code 17043-1234
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice-Chairman
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

**Transaction ID : A2021-2141554**

Amount of Each Receipt this Period  
192.31

Memo Item

**C. Ortenzio, Rocco, A, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Westwind Dr

City Lemoyne	State PA	Zip Code 17043-1234
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice-Chairman
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4230.82

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2021

**Transaction ID : A2021-2217008**

Amount of Each Receipt this Period  
192.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 169 OF 262  
(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. Ortenzio, Rocco, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Westwind Dr  
 City Lemoyne State PA Zip Code 17043-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4423.13

Date of Receipt **11 / 12 / 2021**  
**Transaction ID : A2021-2456497**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Ortenzio, Rocco, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Westwind Dr  
 City Lemoyne State PA Zip Code 17043-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4615.44

Date of Receipt **11 / 26 / 2021**  
**Transaction ID : A2021-2493366**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Ortenzio, Rocco, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Westwind Dr  
 City Lemoyne State PA Zip Code 17043-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4807.75

Date of Receipt **12 / 10 / 2021**  
**Transaction ID : A2021-2710085**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 576.93  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 170 OF 262  
(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. Ortenzio, Rocco, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Westwind Dr  
 City Lemoyne State PA Zip Code 17043-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **12 / 24 / 2021**  
**Transaction ID : A2021-2773843**  
 Amount of Each Receipt this Period 192.25  
 Memo Item

**B. Pegler, William, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21723 E Rowland Cir  
 City Aurora State CO Zip Code 80016-3608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2153.76

Date of Receipt **07 / 09 / 2021**  
**Transaction ID : A2021-1322960**  
 Amount of Each Receipt this Period 153.84  
 Memo Item

**C. Pegler, William, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21723 E Rowland Cir  
 City Aurora State CO Zip Code 80016-3608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt **07 / 23 / 2021**  
**Transaction ID : A2021-1475377**  
 Amount of Each Receipt this Period 153.84  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 499.93  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 262
	<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. Pegler, William, L, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21723 E Rowland Cir

City Aurora	State CO	Zip Code 80016-3608
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2461.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2021

**Transaction ID : A2021-1620898**

Amount of Each Receipt this Period  
153.84

Memo Item

**B. Pegler, William, L, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21723 E Rowland Cir

City Aurora	State CO	Zip Code 80016-3608
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2615.28

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2021

**Transaction ID : A2021-1796480**

Amount of Each Receipt this Period  
153.84

Memo Item

**C. Pegler, William, L, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21723 E Rowland Cir

City Aurora	State CO	Zip Code 80016-3608
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2769.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2021

**Transaction ID : A2021-1928618**

Amount of Each Receipt this Period  
153.84

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	461.52
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Pegler, William, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21723 E Rowland Cir  
 City Aurora State CO Zip Code 80016-3608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2922.96

Date of Receipt **09 / 17 / 2021**  
**Transaction ID : A2021-2029067**  
 Amount of Each Receipt this Period 153.84  
 Memo Item

**B. Pegler, William, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21723 E Rowland Cir  
 City Aurora State CO Zip Code 80016-3608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3076.80

Date of Receipt **10 / 01 / 2021**  
**Transaction ID : A2021-2043105**  
 Amount of Each Receipt this Period 153.84  
 Memo Item

**C. Pegler, William, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21723 E Rowland Cir  
 City Aurora State CO Zip Code 80016-3608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3230.64

Date of Receipt **10 / 15 / 2021**  
**Transaction ID : A2021-2141599**  
 Amount of Each Receipt this Period 153.84  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	461.52
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 262
	<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. Pegler, William, L, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21723 E Rowland Cir

City Aurora	State CO	Zip Code 80016-3608
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3384.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2021

**Transaction ID : A2021-2217045**

Amount of Each Receipt this Period  
153.84

Memo Item

**B. Pegler, William, L, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21723 E Rowland Cir

City Aurora	State CO	Zip Code 80016-3608
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3538.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2021

**Transaction ID : A2021-2456544**

Amount of Each Receipt this Period  
153.84

Memo Item

**C. Pegler, William, L, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21723 E Rowland Cir

City Aurora	State CO	Zip Code 80016-3608
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3692.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2021

**Transaction ID : A2021-2493361**

Amount of Each Receipt this Period  
153.84

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	461.52
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 262
	<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. Pegler, William, L, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21723 E Rowland Cir

City Aurora	State CO	Zip Code 80016-3608
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3846.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2021

**Transaction ID : A2021-2710132**

Amount of Each Receipt this Period  
153.84

Memo Item

**B. Pegler, William, L, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21723 E Rowland Cir

City Aurora	State CO	Zip Code 80016-3608
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3999.84

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2021

**Transaction ID : A2021-2773829**

Amount of Each Receipt this Period  
153.84

Memo Item

**C. Pennacchia, Raymond, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Cold Spring Lane

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Marketing Senior
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2021

**Transaction ID : A2021-1322930**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	423.07
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Pennacchia, Raymond, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Cold Spring Lane  
 City Media State PA Zip Code 19063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Marketing Senior  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt **07 / 23 / 2021**  
**Transaction ID : A2021-1475347**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Pennacchia, Raymond, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Cold Spring Lane  
 City Media State PA Zip Code 19063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Marketing Senior  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt **08 / 06 / 2021**  
**Transaction ID : A2021-1620869**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Pennacchia, Raymond, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Cold Spring Lane  
 City Media State PA Zip Code 19063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Marketing Senior  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt **08 / 20 / 2021**  
**Transaction ID : A2021-1796450**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Pennacchia, Raymond, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Cold Spring Lane

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Marketing Senior
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2077.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2021

**Transaction ID : A2021-1928588**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Pennacchia, Raymond, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Cold Spring Lane

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Marketing Senior
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2192.41

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2021

**Transaction ID : A2021-2029035**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Pennacchia, Raymond, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Cold Spring Lane

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Marketing Senior
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2307.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2021

**Transaction ID : A2021-2043071**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 OF 262
	<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. Pennacchia, Raymond, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Cold Spring Lane  
 City Media State PA Zip Code 19063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Marketing Senior  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 15 / 2021  
**Transaction ID : A2021-2141565**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Pennacchia, Raymond, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Cold Spring Lane  
 City Media State PA Zip Code 19063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Marketing Senior  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 10 / 29 / 2021  
**Transaction ID : A2021-2217019**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Pennacchia, Raymond, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Cold Spring Lane  
 City Media State PA Zip Code 19063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Marketing Senior  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 12 / 2021  
**Transaction ID : A2021-2456508**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 262
	<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. Pennacchia, Raymond, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Cold Spring Lane

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Marketing Senior
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2769.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2021  
**Transaction ID : A2021-2493377**

Amount of Each Receipt this Period  
 115.39

Memo Item

**B. Pennacchia, Raymond, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Cold Spring Lane

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Marketing Senior
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2884.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2021  
**Transaction ID : A2021-2710096**

Amount of Each Receipt this Period  
 115.39

Memo Item

**C. Pennacchia, Raymond, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Cold Spring Lane

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Marketing Senior
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2021  
**Transaction ID : A2021-2773793**

Amount of Each Receipt this Period  
 115.25

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.03
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 262
	<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. Polo, Fabian, E, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7915 Glade Hill Ct

City Dallas	State TX	Zip Code 75218
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) CEO/Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2021

**Transaction ID : A2021-1322957**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Polo, Fabian, E, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7915 Glade Hill Ct

City Dallas	State TX	Zip Code 75218
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) CEO/Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1730.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2021

**Transaction ID : A2021-1475374**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Polo, Fabian, E, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7915 Glade Hill Ct

City Dallas	State TX	Zip Code 75218
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) CEO/Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1846.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2021

**Transaction ID : A2021-1620895**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Polo, Fabian, E, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7915 Glade Hill Ct

City Dallas	State TX	Zip Code 75218
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) CEO/Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1961.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2021

**Transaction ID : A2021-1796477**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Polo, Fabian, E, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7915 Glade Hill Ct

City Dallas	State TX	Zip Code 75218
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) CEO/Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2077.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2021

**Transaction ID : A2021-1928615**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Polo, Fabian, E, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7915 Glade Hill Ct

City Dallas	State TX	Zip Code 75218
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) CEO/Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2192.41

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2021

**Transaction ID : A2021-2029064**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 OF 262
	<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. Polo, Fabian, E, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7915 Glade Hill Ct  
 City Dallas State TX Zip Code 75218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) CEO/Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 01 / 2021  
**Transaction ID : A2021-2043102**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Polo, Fabian, E, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7915 Glade Hill Ct  
 City Dallas State TX Zip Code 75218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) CEO/Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 15 / 2021  
**Transaction ID : A2021-2141596**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Polo, Fabian, E, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7915 Glade Hill Ct  
 City Dallas State TX Zip Code 75218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) CEO/Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 10 / 29 / 2021  
**Transaction ID : A2021-2217042**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 262
	<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. Polo, Fabian, E, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7915 Glade Hill Ct  
 City Dallas State TX Zip Code 75218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) CEO/Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 12 / 2021  
**Transaction ID : A2021-2456541**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Polo, Fabian, E, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7915 Glade Hill Ct  
 City Dallas State TX Zip Code 75218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) CEO/Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt 11 / 26 / 2021  
**Transaction ID : A2021-2493358**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Polo, Fabian, E, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7915 Glade Hill Ct  
 City Dallas State TX Zip Code 75218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) CEO/Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt 12 / 10 / 2021  
**Transaction ID : A2021-2710129**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 262
	<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. Polo, Fabian, E, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7915 Glade Hill Ct  
 City Dallas State TX Zip Code 75218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) CEO/Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **12 / 24 / 2021**  
**Transaction ID : A2021-2773826**  
 Amount of Each Receipt this Period 115.25  
 Memo Item

**B. Pomeranz, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt **07 / 09 / 2021**  
**Transaction ID : A2021-1322942**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Pomeranz, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt **07 / 23 / 2021**  
**Transaction ID : A2021-1475359**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.03
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 184 OF 262
	(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. Pomeranz, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt  
 08 / 06 / 2021  
**Transaction ID : A2021-1620880**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Pomeranz, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt  
 08 / 20 / 2021  
**Transaction ID : A2021-1796462**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Pomeranz, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt  
 09 / 03 / 2021  
**Transaction ID : A2021-1928600**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 185 OF 262
	(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. Pomeranz, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt **09 / 17 / 2021**  
**Transaction ID : A2021-2029047**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Pomeranz, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt **10 / 01 / 2021**  
**Transaction ID : A2021-2043083**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Pomeranz, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt **10 / 15 / 2021**  
**Transaction ID : A2021-2141577**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 186 OF 262  
(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. Pomeranz, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 10 / 29 / 2021  
**Transaction ID : A2021-2217023**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Pomeranz, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 12 / 2021  
**Transaction ID : A2021-2456520**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Pomeranz, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt 11 / 26 / 2021  
**Transaction ID : A2021-2493337**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 346.17  
**TOTAL** This Period (last page this line number only).....▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 187 OF 262  
(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. Pomeranz, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2021  
**Transaction ID : A2021-2710108**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Pomeranz, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2021  
**Transaction ID : A2021-2773805**  
 Amount of Each Receipt this Period  
 115.25  
 Memo Item

**C. Rhodes, Chandelle, L, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20528 Lagoon Drive  
 City Cornelius State NC Zip Code 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2021  
**Transaction ID : A2021-1322946**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 346.03  
**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 188 OF 262
	<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. Rhodes, Chandelle, L, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20528 Lagoona Drive  
 City Cornelius State NC Zip Code 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt **07 / 23 / 2021**  
**Transaction ID : A2021-1475363**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Rhodes, Chandelle, L, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20528 Lagoona Drive  
 City Cornelius State NC Zip Code 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt **08 / 06 / 2021**  
**Transaction ID : A2021-1620884**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Rhodes, Chandelle, L, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20528 Lagoona Drive  
 City Cornelius State NC Zip Code 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt **08 / 20 / 2021**  
**Transaction ID : A2021-1796466**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Rhodes, Chandelle, L, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20528 Lagoona Drive

City Cornelius State NC Zip Code 28031

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 09 / 03 / 2021  
**Transaction ID : A2021-1928604**

Amount of Each Receipt this Period 115.39

Memo Item

**B. Rhodes, Chandelle, L, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20528 Lagoona Drive

City Cornelius State NC Zip Code 28031

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2192.41

Date of Receipt 09 / 17 / 2021  
**Transaction ID : A2021-2029052**

Amount of Each Receipt this Period 115.39

Memo Item

**C. Rhodes, Chandelle, L, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20528 Lagoona Drive

City Cornelius State NC Zip Code 28031

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 01 / 2021  
**Transaction ID : A2021-2043088**

Amount of Each Receipt this Period 115.39

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 346.17

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 262
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Rhodes, Chandelle, L, Ms.,</b>		Date of Receipt 10 / 15 / 2021 <b>Transaction ID : A2021-2141582</b>
Mailing Address 20528 Lagoona Drive		Amount of Each Receipt this Period 115.39
City Cornelius	State NC	Zip Code 28031
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2423.19	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Rhodes, Chandelle, L, Ms.,</b>		Date of Receipt 10 / 29 / 2021 <b>Transaction ID : A2021-2217028</b>
Mailing Address 20528 Lagoona Drive		Amount of Each Receipt this Period 115.39
City Cornelius	State NC	Zip Code 28031
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2538.58	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Rhodes, Chandelle, L, Ms.,</b>		Date of Receipt 11 / 12 / 2021 <b>Transaction ID : A2021-2456525</b>
Mailing Address 20528 Lagoona Drive		Amount of Each Receipt this Period 115.39
City Cornelius	State NC	Zip Code 28031
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2653.97	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 191 OF 262  
(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. Rhodes, Chandelle, L, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20528 Lagoona Drive  
 City Cornelius State NC Zip Code 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt 11 / 26 / 2021  
**Transaction ID : A2021-2493342**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Rhodes, Chandelle, L, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20528 Lagoona Drive  
 City Cornelius State NC Zip Code 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt 12 / 10 / 2021  
**Transaction ID : A2021-2710113**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Rhodes, Chandelle, L, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20528 Lagoona Drive  
 City Cornelius State NC Zip Code 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 24 / 2021  
**Transaction ID : A2021-2773810**  
 Amount of Each Receipt this Period 115.25  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 346.03  
**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 192 OF 262
	<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. Romberger, Scott, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 440 Boyer St  
 City Halifax State PA Zip Code 17032-9017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 17 / 2021  
**Transaction ID : A2021-2000592**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Rusignuolo, Brian, R, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1339 Sconsett Way  
 City New Cumberland State PA Zip Code 17070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2692.34

Date of Receipt 07 / 09 / 2021  
**Transaction ID : A2021-1322933**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Rusignuolo, Brian, R, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1339 Sconsett Way  
 City New Cumberland State PA Zip Code 17070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2884.65

Date of Receipt 07 / 23 / 2021  
**Transaction ID : A2021-1475350**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5384.62
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 OF 262
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Rusignuolo, Brian, R, Mr.,</b>			Date of Receipt
Mailing Address 1339 Sconsett Way			<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2021"/>
City New Cumberland	State PA	Zip Code 17070	<b>Transaction ID : A2021-1620872</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="192.31"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3076.96"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Rusignuolo, Brian, R, Mr.,</b>			Date of Receipt
Mailing Address 1339 Sconsett Way			<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2021"/>
City New Cumberland	State PA	Zip Code 17070	<b>Transaction ID : A2021-1796453</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="192.31"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3269.27"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Rusignuolo, Brian, R, Mr.,</b>			Date of Receipt
Mailing Address 1339 Sconsett Way			<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2021"/>
City New Cumberland	State PA	Zip Code 17070	<b>Transaction ID : A2021-1928591</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="192.31"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="3461.58"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="576.93"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 194 OF 262  
(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. Rusignuolo, Brian, R, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1339 Sconsett Way  
 City New Cumberland    State PA    Zip Code 17070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation    Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3653.89

Date of Receipt 09 / 17 / 2021  
**Transaction ID : A2021-2029038**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Rusignuolo, Brian, R, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1339 Sconsett Way  
 City New Cumberland    State PA    Zip Code 17070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation    Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3846.20

Date of Receipt 10 / 01 / 2021  
**Transaction ID : A2021-2043074**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Rusignuolo, Brian, R, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1339 Sconsett Way  
 City New Cumberland    State PA    Zip Code 17070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation    Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 4038.51

Date of Receipt 10 / 15 / 2021  
**Transaction ID : A2021-2141568**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 576.93  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 OF 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Rusignuolo, Brian, R, Mr.,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2021 <b>Transaction ID : A2021-2217022</b>
Mailing Address 1339 Sconsett Way			Amount of Each Receipt this Period 192.31
City New Cumberland	State PA	Zip Code 17070	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4230.82		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Rusignuolo, Brian, R, Mr.,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2021 <b>Transaction ID : A2021-2456511</b>
Mailing Address 1339 Sconsett Way			Amount of Each Receipt this Period 192.31
City New Cumberland	State PA	Zip Code 17070	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4423.13		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Rusignuolo, Brian, R, Mr.,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2021 <b>Transaction ID : A2021-2493380</b>
Mailing Address 1339 Sconsett Way			Amount of Each Receipt this Period 192.31
City New Cumberland	State PA	Zip Code 17070	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 4615.44		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 OF 262
	<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. Rusignuolo, Brian, R, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1339 Sconsett Way

City New Cumberland	State PA	Zip Code 17070
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4807.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2021

**Transaction ID : A2021-2710099**

Amount of Each Receipt this Period  
192.31

Memo Item

**B. Rusignuolo, Brian, R, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1339 Sconsett Way

City New Cumberland	State PA	Zip Code 17070
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2021

**Transaction ID : A2021-2773796**

Amount of Each Receipt this Period  
192.25

Memo Item

**C. Ruskan, Jeffrey, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Beechwood Drive

City Richmond	State VA	Zip Code 23229
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2021

**Transaction ID : A2021-1322958**

Amount of Each Receipt this Period  
192.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.87
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 197 OF 262
	(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. Ruskan, Jeffrey, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Beechwood Drive

City Richmond	State VA	Zip Code 23229
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2884.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2021

**Transaction ID : A2021-1475375**

Amount of Each Receipt this Period  
192.31

Memo Item

**B. Ruskan, Jeffrey, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Beechwood Drive

City Richmond	State VA	Zip Code 23229
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3076.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2021

**Transaction ID : A2021-1620896**

Amount of Each Receipt this Period  
192.31

Memo Item

**C. Ruskan, Jeffrey, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Beechwood Drive

City Richmond	State VA	Zip Code 23229
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3269.27

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2021

**Transaction ID : A2021-1796478**

Amount of Each Receipt this Period  
192.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.93
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 198 OF 262  
(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. Ruskan, Jeffrey, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 304 Beechwood Drive  
 City Richmond State VA Zip Code 23229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3461.58

Date of Receipt 09 / 03 / 2021  
**Transaction ID : A2021-1928616**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Ruskan, Jeffrey, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 304 Beechwood Drive  
 City Richmond State VA Zip Code 23229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3653.89

Date of Receipt 09 / 17 / 2021  
**Transaction ID : A2021-2029065**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Ruskan, Jeffrey, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 304 Beechwood Drive  
 City Richmond State VA Zip Code 23229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3846.20

Date of Receipt 10 / 01 / 2021  
**Transaction ID : A2021-2043103**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 576.93  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 199 OF 262
	(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. Ruskan, Jeffrey, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Beechwood Drive

City Richmond	State VA	Zip Code 23229
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

**Transaction ID : A2021-2141597**

Amount of Each Receipt this Period  
192.31

Memo Item

**B. Ruskan, Jeffrey, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Beechwood Drive

City Richmond	State VA	Zip Code 23229
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4230.82

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2021

**Transaction ID : A2021-2217043**

Amount of Each Receipt this Period  
192.31

Memo Item

**C. Ruskan, Jeffrey, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Beechwood Drive

City Richmond	State VA	Zip Code 23229
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4423.13

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2021

**Transaction ID : A2021-2456542**

Amount of Each Receipt this Period  
192.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 200 OF 262  
(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. Ruskan, Jeffrey, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 304 Beechwood Drive  
 City Richmond State VA Zip Code 23229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4615.44

Date of Receipt 11 / 26 / 2021  
**Transaction ID : A2021-2493359**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Ruskan, Jeffrey, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 304 Beechwood Drive  
 City Richmond State VA Zip Code 23229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4807.75

Date of Receipt 12 / 10 / 2021  
**Transaction ID : A2021-2710130**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Ruskan, Jeffrey, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 304 Beechwood Drive  
 City Richmond State VA Zip Code 23229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 24 / 2021  
**Transaction ID : A2021-2773827**  
 Amount of Each Receipt this Period 192.25  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 576.87  
**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 201 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Saich, John, A, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 Daisy Ln

City Palmyra	State PA	Zip Code 17078-9202
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive Vice President Chief HR O
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2021

**Transaction ID : A2021-2000593**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. Sarfaty, Beth, R, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Wall Street

City West Long Branch	State NJ	Zip Code 07764
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) VP Clinical Svcs & Quality Mgmt
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
538.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2021

**Transaction ID : A2021-1322929**

Amount of Each Receipt this Period  
38.47

Memo Item

**C. Sarfaty, Beth, R, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Wall Street

City West Long Branch	State NJ	Zip Code 07764
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) VP Clinical Svcs & Quality Mgmt
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
577.05

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2021

**Transaction ID : A2021-1475346**

Amount of Each Receipt this Period  
38.47

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5076.94
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 262
	<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. Sarfaty, Beth, R, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Wall Street

City West Long Branch	State NJ	Zip Code 07764
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) VP Clinical Svcs & Quality Mgmt
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
615.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2021

**Transaction ID : A2021-1620868**

Amount of Each Receipt this Period  
38.47

Memo Item

**B. Sarfaty, Beth, R, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Wall Street

City West Long Branch	State NJ	Zip Code 07764
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) VP Clinical Svcs & Quality Mgmt
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
653.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2021

**Transaction ID : A2021-1796449**

Amount of Each Receipt this Period  
38.47

Memo Item

**C. Sarfaty, Beth, R, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Wall Street

City West Long Branch	State NJ	Zip Code 07764
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) VP Clinical Svcs & Quality Mgmt
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
692.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2021

**Transaction ID : A2021-1928587**

Amount of Each Receipt this Period  
38.47

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.41
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 203 OF 262  
(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. Sarfaty, Beth, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 Wall Street  
 City West Long Branch State NJ Zip Code 07764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) VP Clinical Svcs & Quality Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.93

Date of Receipt 09 / 17 / 2021  
**Transaction ID : A2021-2029034**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**B. Sarfaty, Beth, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 Wall Street  
 City West Long Branch State NJ Zip Code 07764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) VP Clinical Svcs & Quality Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 01 / 2021  
**Transaction ID : A2021-2043070**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Sarfaty, Beth, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 Wall Street  
 City West Long Branch State NJ Zip Code 07764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) VP Clinical Svcs & Quality Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.87

Date of Receipt 10 / 15 / 2021  
**Transaction ID : A2021-2141564**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 115.41  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 OF 262
	<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. Sarfaty, Beth, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 Wall Street  
 City West Long Branch State NJ Zip Code 07764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) VP Clinical Svcs & Quality Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 846.34

Date of Receipt 10 / 29 / 2021  
**Transaction ID : A2021-2217018**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**B. Sarfaty, Beth, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 Wall Street  
 City West Long Branch State NJ Zip Code 07764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) VP Clinical Svcs & Quality Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 884.81

Date of Receipt 11 / 12 / 2021  
**Transaction ID : A2021-2456507**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Sarfaty, Beth, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 Wall Street  
 City West Long Branch State NJ Zip Code 07764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) VP Clinical Svcs & Quality Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.28

Date of Receipt 11 / 26 / 2021  
**Transaction ID : A2021-2493376**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.41
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 OF 262
	<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. Sarfaty, Beth, R, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Wall Street

City West Long Branch	State NJ	Zip Code 07764
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) VP Clinical Svcs & Quality Mgmt
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
961.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2021

**Transaction ID : A2021-2710095**

Amount of Each Receipt this Period  
38.47

Memo Item

**B. Sarfaty, Beth, R, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Wall Street

City West Long Branch	State NJ	Zip Code 07764
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) VP Clinical Svcs & Quality Mgmt
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2021

**Transaction ID : A2021-2773792**

Amount of Each Receipt this Period  
38.47

Memo Item

**C. Schmidt, Megan, P, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 Forest Lane North

City Blountville	State TN	Zip Code 37617
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2021

**Transaction ID : A2021-1322944**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.33
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 206 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Schmidt, Megan, P, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 Forest Lane North

City Blountville	State TN	Zip Code 37617
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1730.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2021

**Transaction ID : A2021-1475361**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Schmidt, Megan, P, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 Forest Lane North

City Blountville	State TN	Zip Code 37617
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1846.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2021

**Transaction ID : A2021-1620882**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Schmidt, Megan, P, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 Forest Lane North

City Blountville	State TN	Zip Code 37617
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1961.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2021

**Transaction ID : A2021-1796464**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 OF 262
	<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. Schmidt, Megan, P, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 Forest Lane North  
 City Blountville State TN Zip Code 37617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 09 / 03 / 2021  
**Transaction ID : A2021-1928602**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Schmidt, Megan, P, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 Forest Lane North  
 City Blountville State TN Zip Code 37617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt 09 / 17 / 2021  
**Transaction ID : A2021-2029049**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Schmidt, Megan, P, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 Forest Lane North  
 City Blountville State TN Zip Code 37617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 01 / 2021  
**Transaction ID : A2021-2043085**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 208 OF 262  
(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. Schmidt, Megan, P, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 Forest Lane North  
 City Blountville State TN Zip Code 37617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 15 / 2021  
**Transaction ID : A2021-2141579**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Schmidt, Megan, P, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 Forest Lane North  
 City Blountville State TN Zip Code 37617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 10 / 29 / 2021  
**Transaction ID : A2021-2217025**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Schmidt, Megan, P, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 Forest Lane North  
 City Blountville State TN Zip Code 37617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 12 / 2021  
**Transaction ID : A2021-2456522**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 346.17  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 209 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Schmidt, Megan, P, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 Forest Lane North

City Blountville	State TN	Zip Code 37617
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2769.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2021

**Transaction ID : A2021-2493339**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Schmidt, Megan, P, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 Forest Lane North

City Blountville	State TN	Zip Code 37617
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2884.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2021

**Transaction ID : A2021-2710110**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Schmidt, Megan, P, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 Forest Lane North

City Blountville	State TN	Zip Code 37617
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2021

**Transaction ID : A2021-2773807**

Amount of Each Receipt this Period  
115.25

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.03
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Serfas, Dina, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 16 / 2021 <b>Transaction ID : A2021-2456464</b>
Mailing Address 594 Muller Road		Amount of Each Receipt this Period 1500.00
City Westminster	State MD	Zip Code 21157
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Shovlin, Tyler, J, ,</b>		Date of Receipt MM / DD / YYYY 10 / 01 / 2021 <b>Transaction ID : A2021-2043087</b>
Mailing Address 2910 Legacy Commons Plz Apt 308 Suite 1050		Amount of Each Receipt this Period 115.39
City Omaha	State NE	Zip Code 68130-1849
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.78	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Shovlin, Tyler, J, ,</b>		Date of Receipt MM / DD / YYYY 10 / 15 / 2021 <b>Transaction ID : A2021-2141581</b>
Mailing Address 2910 Legacy Commons Plz Apt 308 Suite 1050		Amount of Each Receipt this Period 115.39
City Omaha	State NE	Zip Code 68130-1849
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 346.17	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1730.78
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 211 OF 262  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Shovlin, Tyler, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2910 Legacy Commons Plz Apt 308  
 Suite 1050  
 City Omaha State NE Zip Code 68130-1849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 10 / 29 / 2021  
**Transaction ID : A2021-2217027**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Shovlin, Tyler, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2910 Legacy Commons Plz Apt 308  
 Suite 1050  
 City Omaha State NE Zip Code 68130-1849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt 11 / 12 / 2021  
**Transaction ID : A2021-2456524**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Shovlin, Tyler, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2910 Legacy Commons Plz Apt 308  
 Suite 1050  
 City Omaha State NE Zip Code 68130-1849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt 11 / 26 / 2021  
**Transaction ID : A2021-2493341**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 346.17  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 212 OF 262
	<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. Shovlin, Tyler, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2910 Legacy Commons Plz Apt 308  
 Suite 1050  
 City Omaha State NE Zip Code 68130-1849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2021  
**Transaction ID : A2021-2710112**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Shovlin, Tyler, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2910 Legacy Commons Plz Apt 308  
 Suite 1050  
 City Omaha State NE Zip Code 68130-1849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2021  
**Transaction ID : A2021-2773809**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**c. Singer, Deborah, L, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 Honeybelle Oval  
 City Chagrin Falls State OH Zip Code 44022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2021  
**Transaction ID : A2021-1322928**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 213 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Singer, Deborah, L, Mrs.,</b>			Date of Receipt
Mailing Address 195 Honeybelle Oval			<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2021"/>
City Chagrin Falls	State OH	Zip Code 44022	<b>Transaction ID : A2021-1475345</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="115.39"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1730.85"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Singer, Deborah, L, Mrs.,</b>			Date of Receipt
Mailing Address 195 Honeybelle Oval			<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2021"/>
City Chagrin Falls	State OH	Zip Code 44022	<b>Transaction ID : A2021-1620867</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="115.39"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1846.24"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Singer, Deborah, L, Mrs.,</b>			Date of Receipt
Mailing Address 195 Honeybelle Oval			<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2021"/>
City Chagrin Falls	State OH	Zip Code 44022	<b>Transaction ID : A2021-1796448</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="115.39"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1961.63"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="346.17"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 OF 262
	<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. Singer, Deborah, L, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 Honeybelle Oval  
 City Chagrin Falls State OH Zip Code 44022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt **09 / 03 / 2021**  
**Transaction ID : A2021-1928586**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Singer, Deborah, L, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 Honeybelle Oval  
 City Chagrin Falls State OH Zip Code 44022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt **09 / 17 / 2021**  
**Transaction ID : A2021-2029033**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Singer, Deborah, L, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 Honeybelle Oval  
 City Chagrin Falls State OH Zip Code 44022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt **10 / 01 / 2021**  
**Transaction ID : A2021-2043069**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 OF 262
	<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. Singer, Deborah, L, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 195 Honeybelle Oval

City Chagrin Falls	State OH	Zip Code 44022
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2423.19

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

**Transaction ID : A2021-2141563**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Singer, Deborah, L, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 195 Honeybelle Oval

City Chagrin Falls	State OH	Zip Code 44022
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2538.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2021

**Transaction ID : A2021-2217017**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Singer, Deborah, L, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 195 Honeybelle Oval

City Chagrin Falls	State OH	Zip Code 44022
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2653.97

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2021

**Transaction ID : A2021-2456506**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 OF 262
	<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. Singer, Deborah, L, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 195 Honeybelle Oval

City Chagrin Falls	State OH	Zip Code 44022
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2769.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2021

**Transaction ID : A2021-2493375**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Singer, Deborah, L, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 195 Honeybelle Oval

City Chagrin Falls	State OH	Zip Code 44022
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2884.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2021

**Transaction ID : A2021-2710094**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Singer, Deborah, L, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 195 Honeybelle Oval

City Chagrin Falls	State OH	Zip Code 44022
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2021

**Transaction ID : A2021-2773791**

Amount of Each Receipt this Period  
115.25

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.03
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 217 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Skinner, Gloria, J, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1685 North 700 West

City Columbus	State IN	Zip Code 47201
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2021

**Transaction ID : A2021-1322925**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Skinner, Gloria, J, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1685 North 700 West

City Columbus	State IN	Zip Code 47201
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1730.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2021

**Transaction ID : A2021-1475342**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Skinner, Gloria, J, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1685 North 700 West

City Columbus	State IN	Zip Code 47201
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1846.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2021

**Transaction ID : A2021-1620864**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 218 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Skinner, Gloria, J, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1685 North 700 West

City Columbus	State IN	Zip Code 47201
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1961.63

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2021  
**Transaction ID : A2021-1796445**

Amount of Each Receipt this Period  
 115.39

Memo Item

**B. Skinner, Gloria, J, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1685 North 700 West

City Columbus	State IN	Zip Code 47201
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2077.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2021  
**Transaction ID : A2021-1928583**

Amount of Each Receipt this Period  
 115.39

Memo Item

**C. Skinner, Gloria, J, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1685 North 700 West

City Columbus	State IN	Zip Code 47201
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2192.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2021  
**Transaction ID : A2021-2029030**

Amount of Each Receipt this Period  
 115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 219 OF 262  
(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. Skinner, Gloria, J, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1685 North 700 West  
 City Columbus State IN Zip Code 47201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 01 / 2021  
**Transaction ID : A2021-2043066**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Skinner, Gloria, J, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1685 North 700 West  
 City Columbus State IN Zip Code 47201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 15 / 2021  
**Transaction ID : A2021-2141560**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Skinner, Gloria, J, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1685 North 700 West  
 City Columbus State IN Zip Code 47201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 10 / 29 / 2021  
**Transaction ID : A2021-2217014**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 346.17  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 OF 262
	<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. Skinner, Gloria, J, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1685 North 700 West

City Columbus	State IN	Zip Code 47201
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2653.97

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2021

**Transaction ID : A2021-2456503**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Skinner, Gloria, J, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1685 North 700 West

City Columbus	State IN	Zip Code 47201
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2769.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2021

**Transaction ID : A2021-2493372**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Skinner, Gloria, J, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1685 North 700 West

City Columbus	State IN	Zip Code 47201
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2884.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2021

**Transaction ID : A2021-2710091**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 221 OF 262  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Skinner, Gloria, J, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1685 North 700 West  
 City Columbus State IN Zip Code 47201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **12 / 24 / 2021**  
**Transaction ID : A2021-2773849**  
 Amount of Each Receipt this Period **115.25**  
 Memo Item

**B. Skinner, Jon, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 Topaz Ct  
 City Flower Mound State TX Zip Code 75022-8143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt **07 / 09 / 2021**  
**Transaction ID : A2021-1322954**  
 Amount of Each Receipt this Period **115.39**  
 Memo Item

**C. Skinner, Jon, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 Topaz Ct  
 City Flower Mound State TX Zip Code 75022-8143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt **07 / 23 / 2021**  
**Transaction ID : A2021-1475371**  
 Amount of Each Receipt this Period **115.39**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **346.03**  
**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 222 OF 262  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Skinner, Jon, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 Topaz Ct  
 City Flower Mound State TX Zip Code 75022-8143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt 08 / 06 / 2021  
**Transaction ID : A2021-1620892**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Skinner, Jon, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 Topaz Ct  
 City Flower Mound State TX Zip Code 75022-8143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt 08 / 20 / 2021  
**Transaction ID : A2021-1796474**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Skinner, Jon, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 Topaz Ct  
 City Flower Mound State TX Zip Code 75022-8143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 09 / 03 / 2021  
**Transaction ID : A2021-1928612**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 223 OF 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Skinner, Jon, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 Topaz Ct  
 City Flower Mound State TX Zip Code 75022-8143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt 09 / 17 / 2021  
**Transaction ID : A2021-2029061**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Skinner, Jon, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 Topaz Ct  
 City Flower Mound State TX Zip Code 75022-8143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 01 / 2021  
**Transaction ID : A2021-2043099**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Skinner, Jon, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 Topaz Ct  
 City Flower Mound State TX Zip Code 75022-8143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 15 / 2021  
**Transaction ID : A2021-2141593**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 224 OF 262  
(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. Skinner, Jon, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 Topaz Ct  
 City Flower Mound State TX Zip Code 75022-8143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 10 / 29 / 2021  
**Transaction ID : A2021-2217039**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Skinner, Jon, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 Topaz Ct  
 City Flower Mound State TX Zip Code 75022-8143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 12 / 2021  
**Transaction ID : A2021-2456538**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Skinner, Jon, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 Topaz Ct  
 City Flower Mound State TX Zip Code 75022-8143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt 11 / 26 / 2021  
**Transaction ID : A2021-2493355**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 346.17  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 225 OF 262  
(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. Skinner, Jon, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 Topaz Ct  
 City Flower Mound State TX Zip Code 75022-8143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2021  
**Transaction ID : A2021-2710126**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Skinner, Jon, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 Topaz Ct  
 City Flower Mound State TX Zip Code 75022-8143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2021  
**Transaction ID : A2021-2773823**  
 Amount of Each Receipt this Period  
 115.25  
 Memo Item

**C. Sloterbeek, Meridell, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 164 E Dawn Dr  
 City Tempe State AZ Zip Code 85284-3160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2021  
**Transaction ID : A2021-1322934**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 346.03  
**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 226 OF 262  
(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. Sloterbeek, Meridell, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 164 E Dawn Dr  
 City Tempe State AZ Zip Code 85284-3160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt **07 / 23 / 2021**  
**Transaction ID : A2021-1475351**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Sloterbeek, Meridell, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 164 E Dawn Dr  
 City Tempe State AZ Zip Code 85284-3160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt **08 / 06 / 2021**  
**Transaction ID : A2021-2200274**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Sloterbeek, Meridell, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 164 E Dawn Dr  
 City Tempe State AZ Zip Code 85284-3160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2038.55

Date of Receipt **08 / 20 / 2021**  
**Transaction ID : A2021-1796454**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 423.09  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 227 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Sloterbeek, Meridell, , Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 164 E Dawn Dr

City Tempe State AZ Zip Code 85284-3160

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2230.86

Date of Receipt 09 / 03 / 2021  
**Transaction ID : A2021-1928592**

Amount of Each Receipt this Period 192.31

Memo Item

**B. Sloterbeek, Meridell, , Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 164 E Dawn Dr

City Tempe State AZ Zip Code 85284-3160

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2423.17

Date of Receipt 09 / 17 / 2021  
**Transaction ID : A2021-2029039**

Amount of Each Receipt this Period 192.31

Memo Item

**C. Sloterbeek, Meridell, , Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 164 E Dawn Dr

City Tempe State AZ Zip Code 85284-3160

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 2615.48

Date of Receipt 10 / 01 / 2021  
**Transaction ID : A2021-2043075**

Amount of Each Receipt this Period 192.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.93
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 228 OF 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Sloterbeek, Meridell, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 164 E Dawn Dr  
 City Tempe State AZ Zip Code 85284-3160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2807.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2021  
**Transaction ID : A2021-2141569**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**B. Sloterbeek, Meridell, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 164 E Dawn Dr  
 City Tempe State AZ Zip Code 85284-3160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2021  
**Transaction ID : A2021-2216999**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**C. Sloterbeek, Meridell, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 164 E Dawn Dr  
 City Tempe State AZ Zip Code 85284-3160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3192.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 12 / 2021  
**Transaction ID : A2021-2456512**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 229 OF 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Sloterbeek, Meridell, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 164 E Dawn Dr  
 City Tempe State AZ Zip Code 85284-3160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3384.72

Date of Receipt **11 / 26 / 2021**  
**Transaction ID : A2021-2493381**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Sloterbeek, Meridell, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 164 E Dawn Dr  
 City Tempe State AZ Zip Code 85284-3160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3577.03

Date of Receipt **12 / 10 / 2021**  
**Transaction ID : A2021-2710100**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Sloterbeek, Meridell, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 164 E Dawn Dr  
 City Tempe State AZ Zip Code 85284-3160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3769.34

Date of Receipt **12 / 24 / 2021**  
**Transaction ID : A2021-2773797**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 230 OF 262
	<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. Streepy, Kurt, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Mattatha Drive

City Bloomington	State IN	Zip Code 47401
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2021

**Transaction ID : A2021-1322938**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Streepy, Kurt, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Mattatha Drive

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1730.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2021

**Transaction ID : A2021-1475355**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Streepy, Kurt, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Mattatha Drive

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1846.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2021

**Transaction ID : A2021-1620876**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 231 OF 262
	<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. Streepy, Kurt, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Mattatha Drive

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1961.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2021

**Transaction ID : A2021-1796458**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Streepy, Kurt, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Mattatha Drive

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2077.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2021

**Transaction ID : A2021-1928596**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Streepy, Kurt, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Mattatha Drive

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2192.41

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2021

**Transaction ID : A2021-2029043**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 232 OF 262
	<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. Streepy, Kurt, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Mattatha Drive

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2307.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2021

**Transaction ID : A2021-2043079**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Streepy, Kurt, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Mattatha Drive

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2423.19

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

**Transaction ID : A2021-2141573**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Streepy, Kurt, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Mattatha Drive

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2538.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2021

**Transaction ID : A2021-2217003**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 OF 262
	<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. Streepy, Kurt, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Mattatha Drive

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2653.97

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2021

**Transaction ID : A2021-2456516**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Streepy, Kurt, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Mattatha Drive

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2769.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2021

**Transaction ID : A2021-2493333**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Streepy, Kurt, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Mattatha Drive

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2884.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2021

**Transaction ID : A2021-2710104**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 234 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Streepy, Kurt, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Mattatha Drive

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2021

**Transaction ID : A2021-2773801**

Amount of Each Receipt this Period  
115.25

Memo Item

**B. Tarvin, Michael, E, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 Willow Lake Dr

City Carlisle	State PA	Zip Code 17015-9164
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2021

**Transaction ID : A2021-2000595**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. Tavenner, Marilyn, B, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13600 Butler Rd

City Amelia Courthouse	State VA	Zip Code 23002-2954
---------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2021

**Transaction ID : A2021-2201414**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10115.25
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 235 OF 262
	<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. Tenenbaum, Jordan, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11231 Mosley Hill Dr  
 City Creve Coeur State MO Zip Code 63141-7622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 16 / 2021**  
**Transaction ID : A2021-2434716**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Thomas, Dan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5603 Chamberlyne Dr  
 City Frisco State TX Zip Code 75034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **10 / 20 / 2021**  
**Transaction ID : A2021-2201416**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Umbenhauer, Kristy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 619 Suedberg Rd Suite 1050  
 City Pine Grove State PA Zip Code 17963-8839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt **10 / 15 / 2021**  
**Transaction ID : A2021-2141553**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5615.39
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 236 OF 262
	<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. Umberhauer, Kristy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 619 Suedberg Rd  
 Suite 1050  
 City Pine Grove State PA Zip Code 17963-8839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt 10 / 29 / 2021  
**Transaction ID : A2021-2217007**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Umberhauer, Kristy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 619 Suedberg Rd  
 Suite 1050  
 City Pine Grove State PA Zip Code 17963-8839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 11 / 12 / 2021  
**Transaction ID : A2021-2456548**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Umberhauer, Kristy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 619 Suedberg Rd  
 Suite 1050  
 City Pine Grove State PA Zip Code 17963-8839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt 11 / 26 / 2021  
**Transaction ID : A2021-2493365**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 237 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Umbehauer, Kristy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 619 Suedberg Rd  
 Suite 1050  
 City Pine Grove State PA Zip Code 17963-8839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt 12 / 10 / 2021  
**Transaction ID : A2021-2710084**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Umbehauer, Kristy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 619 Suedberg Rd  
 Suite 1050  
 City Pine Grove State PA Zip Code 17963-8839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt 12 / 24 / 2021  
**Transaction ID : A2021-2773842**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Veit, Joel, T, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2401 Ascott Way  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 17 / 2021  
**Transaction ID : A2021-2000594**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3230.78
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 238 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Viggiano, Anthony, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1973 Armstong Drive

City Lansdale	State PA	Zip Code 19446
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Work Strategies
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2021

**Transaction ID : A2021-1322927**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Viggiano, Anthony, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1973 Armstong Drive

City Lansdale	State PA	Zip Code 19446
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Work Strategies
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1730.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2021

**Transaction ID : A2021-1475344**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Viggiano, Anthony, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1973 Armstong Drive

City Lansdale	State PA	Zip Code 19446
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Work Strategies
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1846.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2021

**Transaction ID : A2021-1620866**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 239 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Viggiano, Anthony, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1973 Armstong Drive

City Lansdale	State PA	Zip Code 19446
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Work Strategies
---	--

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
08		20		2021

**Transaction ID : A2021-1796447**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Viggiano, Anthony, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1973 Armstong Drive

City Lansdale	State PA	Zip Code 19446
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Work Strategies
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2077.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2021

**Transaction ID : A2021-1928585**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Viggiano, Anthony, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1973 Armstong Drive

City Lansdale	State PA	Zip Code 19446
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Work Strategies
---	--

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
09		17		2021

**Transaction ID : A2021-2029032**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 240 OF 262  
(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. Viggiano, Anthony, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1973 Armstong Drive  
 City Lansdale State PA Zip Code 19446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Work Strategies  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 01 / 2021  
**Transaction ID : A2021-2043068**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Viggiano, Anthony, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1973 Armstong Drive  
 City Lansdale State PA Zip Code 19446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Work Strategies  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 15 / 2021  
**Transaction ID : A2021-2141562**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Viggiano, Anthony, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1973 Armstong Drive  
 City Lansdale State PA Zip Code 19446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Work Strategies  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 10 / 29 / 2021  
**Transaction ID : A2021-2217016**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 346.17  
**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 241 OF 262  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Viggiano, Anthony, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1973 Armstong Drive  
 City Lansdale State PA Zip Code 19446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Work Strategies  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 12 / 2021  
**Transaction ID : A2021-2456505**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Viggiano, Anthony, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1973 Armstong Drive  
 City Lansdale State PA Zip Code 19446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Work Strategies  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt 11 / 26 / 2021  
**Transaction ID : A2021-2493374**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Viggiano, Anthony, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1973 Armstong Drive  
 City Lansdale State PA Zip Code 19446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Work Strategies  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt 12 / 10 / 2021  
**Transaction ID : A2021-2710093**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 242 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Viggiano, Anthony, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1973 Armstong Drive

City Lansdale	State PA	Zip Code 19446
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Work Strategies
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2021

**Transaction ID : A2021-2773790**

Amount of Each Receipt this Period  
115.25

Memo Item

**B. Werner, William, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4714 Gettysburg Rd

City Mechanicsburg	State PA	Zip Code 17055
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.07

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2021

**Transaction ID : A2021-1322913**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Werner, William, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4714 Gettysburg Rd

City Mechanicsburg	State PA	Zip Code 17055
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2021

**Transaction ID : A2021-1458113**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.03
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 243 OF 262
	(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. Werner, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2021  
**Transaction ID : A2021-1588592**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Werner, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2021  
**Transaction ID : A2021-1686855**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Werner, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 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  
 08 / 27 / 2021  
**Transaction ID : A2021-1799661**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 244 OF 262  
(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. Werner, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 09 / 10 / 2021  
**Transaction ID : A2021-1927636**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Werner, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt 09 / 24 / 2021  
**Transaction ID : A2021-2029075**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Werner, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 08 / 2021  
**Transaction ID : A2021-2087251**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 346.17  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 245 OF 262
	<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. Werner, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt **10 / 22 / 2021**  
**Transaction ID : A2021-2203574**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Werner, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt **11 / 05 / 2021**  
**Transaction ID : A2021-2719477**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Werner, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt **11 / 19 / 2021**  
**Transaction ID : A2021-2479313**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 246 OF 262
	(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. Werner, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2021  
**Transaction ID : A2021-2664951**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Werner, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2021  
**Transaction ID : A2021-2719467**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Werner, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : A2021-2773835**  
 Amount of Each Receipt this Period  
 115.25  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.03
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 247 OF 262
	<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. Williams, Brian, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9670 Rod Road  
 City Alpharetta State GA Zip Code 30022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2021  
**Transaction ID : A2021-1322920**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Williams, Brian, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9670 Rod Road  
 City Alpharetta State GA Zip Code 30022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2021  
**Transaction ID : A2021-1475337**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Williams, Brian, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9670 Rod Road  
 City Alpharetta State GA Zip Code 30022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 06 / 2021  
**Transaction ID : A2021-1620859**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 248 OF 262  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Williams, Brian, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9670 Rod Road  
 City Alpharetta State GA Zip Code 30022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt 08 / 20 / 2021  
**Transaction ID : A2021-1796440**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Williams, Brian, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9670 Rod Road  
 City Alpharetta State GA Zip Code 30022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 09 / 03 / 2021  
**Transaction ID : A2021-1928578**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Williams, Brian, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9670 Rod Road  
 City Alpharetta State GA Zip Code 30022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt 09 / 17 / 2021  
**Transaction ID : A2021-2029025**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 346.17  
**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 249 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Williams, Brian, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9670 Rod Road

City Alpharetta	State GA	Zip Code 30022
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2307.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2021

**Transaction ID : A2021-2043061**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Williams, Brian, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9670 Rod Road

City Alpharetta	State GA	Zip Code 30022
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.11

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2021

**Transaction ID : A2021-2141555**

Amount of Each Receipt this Period  
192.31

Memo Item

**C. Williams, Brian, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9670 Rod Road

City Alpharetta	State GA	Zip Code 30022
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2692.42

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2021

**Transaction ID : A2021-2217009**

Amount of Each Receipt this Period  
192.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.01
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 250 OF 262
	<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. Williams, Brian, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9670 Rod Road

City Alpharetta	State GA	Zip Code 30022
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2884.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2021

**Transaction ID : A2021-2456498**

Amount of Each Receipt this Period  
192.31

Memo Item

**B. Williams, Brian, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9670 Rod Road

City Alpharetta	State GA	Zip Code 30022
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3077.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2021

**Transaction ID : A2021-2493367**

Amount of Each Receipt this Period  
192.31

Memo Item

**C. Williams, Brian, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9670 Rod Road

City Alpharetta	State GA	Zip Code 30022
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3269.35

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2021

**Transaction ID : A2021-2710086**

Amount of Each Receipt this Period  
192.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.93
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 251 OF 262
	<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. Williams, Brian, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9670 Rod Road  
 City Alpharetta State GA Zip Code 30022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3461.66

Date of Receipt **12 / 24 / 2021**  
**Transaction ID : A2021-2773844**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Zanke, Christopher, V, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Martha Court  
 City Canonsburg State PA Zip Code 15317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.07

Date of Receipt **07 / 02 / 2021**  
**Transaction ID : A2021-1322911**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Zanke, Christopher, V, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Martha Court  
 City Canonsburg State PA Zip Code 15317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt **07 / 16 / 2021**  
**Transaction ID : A2021-1458111**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	423.09
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 252 OF 262
	<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. Zanke, Christopher, V, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1730.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2021  
**Transaction ID : A2021-1588590**

Amount of Each Receipt this Period  
 115.39

Memo Item

**B. Zanke, Christopher, V, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1846.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2021  
**Transaction ID : A2021-1686853**

Amount of Each Receipt this Period  
 115.39

Memo Item

**C. Zanke, Christopher, V, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1961.63

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2021  
**Transaction ID : A2021-1799659**

Amount of Each Receipt this Period  
 115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 253 OF 262  
(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. Zanke, Christopher, V, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Martha Court  
 City Canonsburg State PA Zip Code 15317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2021  
**Transaction ID : A2021-1927634**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Zanke, Christopher, V, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Martha Court  
 City Canonsburg State PA Zip Code 15317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2021  
**Transaction ID : A2021-2029073**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Zanke, Christopher, V, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Martha Court  
 City Canonsburg State PA Zip Code 15317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2021  
**Transaction ID : A2021-2087249**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 346.17  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 254 OF 262  
(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. Zanke, Christopher, V, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Martha Court  
 City Canonsburg State PA Zip Code 15317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 22 / 2021  
**Transaction ID : A2021-2203572**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Zanke, Christopher, V, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Martha Court  
 City Canonsburg State PA Zip Code 15317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 11 / 05 / 2021  
**Transaction ID : A2021-2719475**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Zanke, Christopher, V, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Martha Court  
 City Canonsburg State PA Zip Code 15317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 19 / 2021  
**Transaction ID : A2021-2479311**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 346.17  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 255 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Zanke, Christopher, V, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2769.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2021

**Transaction ID : A2021-2664949**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Zanke, Christopher, V, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2884.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2021

**Transaction ID : A2021-2719465**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Zanke, Christopher, V, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : A2021-2773833**

Amount of Each Receipt this Period  
115.25

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.03
<b>TOTAL</b> This Period (last page this line number only).....	163171.07

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name (Last, First, Middle Initial) <b>A. Diana DeGette for Congress Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2021
Mailing Address P.O. Box 61337		FEC Identification Number C 000311639 <b>Transaction ID : B791223</b> Amount of Each Disbursement this Period 5000.00
City Denver	State CO	Zip Code 80206
Purpose of Disbursement Contribution	Category/ Type 011	<input type="checkbox"/> Memo Item
Candidate Name <b>DeGette, Diana, L, ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CO	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Diana DeGette for Congress Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2021
Mailing Address P.O. Box 61337		FEC Identification Number C 000311639 <b>Transaction ID : B791224</b> Amount of Each Disbursement this Period 2500.00
City Denver	State CO	Zip Code 80206
Purpose of Disbursement Contribution	Category/ Type 011	<input type="checkbox"/> Memo Item
Candidate Name <b>DeGette, Diana, L, ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CO	District: 01	

Full Name (Last, First, Middle Initial) <b>C. Sinema for Arizona</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2021
Mailing Address PO Box 7586		FEC Identification Number C 000508804 <b>Transaction ID : B791824</b> Amount of Each Disbursement this Period 5000.00
City Phoenix	State AZ	Zip Code 85011
Purpose of Disbursement Contribution	Category/ Type 011	<input type="checkbox"/> Memo Item
Candidate Name <b>Sinema, Kyrsten, , ,</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: AZ	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	12500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Bucshon for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement Contribution  
Candidate Name **Bucshon, Larry, D, ,**  
Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: IN District: 08

Date of Disbursement: 08 / 24 / 2021

FEC Identification Number: **C00468256**  
Transaction ID : **B792985**  
Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

Memo Item

**B. Building and Restoring The American Dream Fund**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement Contribution  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For: 2021  Primary  General  Other (specify)  
State: District: Not Applicable

Date of Disbursement: 09 / 16 / 2021

FEC Identification Number: **C00590356**  
Transaction ID : **B794883**  
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

**C. Devin Nunes Campaign Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement Contribution  
Candidate Name **Nunes, Devin, , ,**  
Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: CA District: 22

Date of Disbursement: 10 / 07 / 2021

FEC Identification Number: **C00370056**  
Transaction ID : **B797387**  
Amount of Each Disbursement this Period: 5000.00

Category/Type: 011

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 8500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Dr. John Joyce for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 1002 Logan Blvd Ste 114 #237

City Altoona State PA Zip Code 16602

Purpose of Disbursement Contribution  
Candidate Name **Joyce, John, , ,**  
Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: PA District: 13

Date of Disbursement: 10 / 07 / 2021

FEC Identification Number: C00674259  
Transaction ID : **B797834**  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. Dr. John Joyce for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 1002 Logan Blvd Ste 114 #237

City Altoona State PA Zip Code 16602

Purpose of Disbursement Contribution  
Candidate Name **Joyce, John, , ,**  
Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: PA District: 13

Date of Disbursement: 10 / 07 / 2021

FEC Identification Number: C00674259  
Transaction ID : **B797835**  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. New PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 7480

City Visalia State CA Zip Code 93290

Purpose of Disbursement Contribution  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For: 2021  Primary  General  Other (specify) ▼  
State: District: Not Applicable

Date of Disbursement: 10 / 07 / 2021

FEC Identification Number: C00398750  
Transaction ID : **B797386**  
Amount of Each Disbursement this Period: 5000.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. NRCC**

Full Name (Last, First, Middle Initial)

Mailing Address 320 1st St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2021  Primary  General  Other (specify)  Not Applicable

State: District:

Date of Disbursement: 10 / 07 / 2021

FEC Identification Number: C00075820

Transaction ID : B795363

Amount of Each Disbursement this Period: 5000.00

Memo Item

Category/Type: 011

**B. BFB PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 611 Pennsylvania Ave SE Box 409

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2021  Primary  General  Other (specify)  Not Applicable

State: District:

Date of Disbursement: 10 / 20 / 2021

FEC Identification Number: C00584805

Transaction ID : B797872

Amount of Each Disbursement this Period: 5000.00

Memo Item

Category/Type: 011

**C. Building and Restoring The American Dream Fund**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2021  Primary  General  Other (specify)  Not Applicable

State: District:

Date of Disbursement: 10 / 20 / 2021

FEC Identification Number: C00590356

Transaction ID : B798230

Amount of Each Disbursement this Period: 1500.00

Memo Item

Category/Type: 011

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 11500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Select Medical Corporation PAC**

Full Name (Last, First, Middle Initial)

**A. New Voice PAC**

Mailing Address 35 East Gay Street Suite 403

City Columbus State OH Zip Code 43215

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2021  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2021

FEC Identification Number

C C00545236

**Transaction ID : B799800**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Scalise Leadership Fund**

Mailing Address 317 15th St NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2021  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2021

FEC Identification Number

C C00568162

**Transaction ID : B799924**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. HAPAC**

Mailing Address 30 North Third Street Suite 600

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2021  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2021

FEC Identification Number

C C00128082

**Transaction ID : B800183**

Amount of Each Disbursement this Period

5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name (Last, First, Middle Initial)

**A. I Got Your Back PAC**

Mailing Address PO Box 75357

City Washington State DC Zip Code 20013

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2021  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2021

FEC Identification Number

C00633156

Transaction ID : B804957

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bill Cassidy for US Senate**

Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name

**Cassidy, William, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2026  
 Primary  General  
 Other (specify)

State: LA District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2021

FEC Identification Number

C00543983

Transaction ID : B806265

Amount of Each Disbursement this Period

2500.00

Memo Item

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00

**TOTAL** This Period (last page this line number only)..... ▶

64000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. Terry for Virginia**

Mailing Address PO Box 31408

City Alexandria State VA Zip Code 22310

Purpose of Disbursement  
G-2021 Governor VA

Category/  
Type

Candidate Name  
**McAuliffe, Terry, , ,**

Office Sought:  House  Senate  President  
State: VA District:

Disbursement For: 2021  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **B796547**

Amount of Each Disbursement this Period

Memo Item

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶