

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Select Medical Corporation PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Type or Print Name of Treasurer William Walters

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

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

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

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Select Medical Corporation PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="11628.39"/>	<input type="text" value="11628.39"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="11628.39"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="35746.94"/>	<input type="text" value="35746.94"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="47375.33"/>	<input type="text" value="47375.33"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="37000.00"/>	<input type="text" value="37000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="10375.33"/>	<input type="text" value="10375.33"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

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).....	23674.07	23674.07
(ii) Unitemized .....	12072.87	12072.87
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	35746.94	35746.94
(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) .....	35746.94	35746.94
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	0.00
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))..... ▶	35746.94	35746.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35746.94	35746.94

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	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.....	37000.00	37000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	37000.00	37000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37000.00	37000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	35746.94	35746.94
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35746.94	35746.94
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 67
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Robert J Bein</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014 <b>Transaction ID : A2014-317970</b>
Mailing Address 545 Mud College Road		Amount of Each Receipt this Period 76.93
City Littlestown	State PA	Zip Code 17340
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.79	

Full Name (Last, First, Middle Initial) <b>B. Mr. Robert J Bein</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 14 / 2014 <b>Transaction ID : A2014-318040</b>
Mailing Address 545 Mud College Road		Amount of Each Receipt this Period 76.93
City Littlestown	State PA	Zip Code 17340
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.72	

Full Name (Last, First, Middle Initial) <b>C. Mr. Robert J Bein</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2014 <b>Transaction ID : A2014-432301</b>
Mailing Address 545 Mud College Road		Amount of Each Receipt this Period 76.93
City Littlestown	State PA	Zip Code 17340
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.65	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.79
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI  
Transaction ID :

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

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Robert J Bein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 545 Mud College Road  
 City Littlestown State PA Zip Code 17340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.58

Date of Receipt  
 03 / 14 / 2014  
**Transaction ID : A2014-498109**  
 Amount of Each Receipt this Period  
 76.93

**B. Mr. Robert J Bein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 545 Mud College Road  
 City Littlestown State PA Zip Code 17340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.51

Date of Receipt  
 03 / 28 / 2014  
**Transaction ID : A2014-556516**  
 Amount of Each Receipt this Period  
 76.93

**C. Mr. Dan R Blaker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 206 Brook Forest Trail  
 City Sugar Land State TX Zip Code 77478  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 03 / 11 / 2014  
**Transaction ID : A2014-450343**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 653.86  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 67
	(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 (Last, First, Middle Initial) <b>A. Mr. Edwin A Bodensiek</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2014 <b>Transaction ID : A2014-317971</b>
Mailing Address 3047 Terra Maria Way		Amount of Each Receipt this Period 76.93
City Ellicott City	State MD	Zip Code 21042
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.79	

Full Name (Last, First, Middle Initial) <b>B. Mr. Edwin A Bodensiek</b>		Date of Receipt MM / DD / YYYY 02 / 14 / 2014 <b>Transaction ID : A2014-318042</b>
Mailing Address 3047 Terra Maria Way		Amount of Each Receipt this Period 76.93
City Ellicott City	State MD	Zip Code 21042
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.72	

Full Name (Last, First, Middle Initial) <b>C. Mr. Edwin A Bodensiek</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 <b>Transaction ID : A2014-432304</b>
Mailing Address 3047 Terra Maria Way		Amount of Each Receipt this Period 76.93
City Ellicott City	State MD	Zip Code 21042
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.65	

<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 10 OF 67  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Edwin A Bodensiek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3047 Terra Maria Way  
 City State Zip Code  
 Ellicott City MD 21042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 461.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : A2014-498112**  
 Amount of Each Receipt this Period  
 76.93

**B. Mr. Edwin A Bodensiek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3047 Terra Maria Way  
 City State Zip Code  
 Ellicott City MD 21042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 538.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2014  
**Transaction ID : A2014-556519**  
 Amount of Each Receipt this Period  
 76.93

**C. Mr. Theodore J Bolcavage**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 Stone Run Drive  
 City State Zip Code  
 Mechanicsburg PA 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2014  
**Transaction ID : A2014-512915**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1153.86  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 67
	<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 (Last, First, Middle Initial) <b>A. Mr. Robert H Brehm</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 17 / 2014 <b>Transaction ID : A2014-317907</b>
Mailing Address 605 Chestnut St.		Amount of Each Receipt this Period 115.39
City Stirling	State NJ	Zip Code 07980
FEC ID number of contributing federal political committee.	C	
Name of Employer Select Medical Corporation	Occupation President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.78	

Full Name (Last, First, Middle Initial) <b>B. Mr. Robert H Brehm</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 31 / 2014 <b>Transaction ID : A2014-317973</b>
Mailing Address 605 Chestnut St.		Amount of Each Receipt this Period 115.39
City Stirling	State NJ	Zip Code 07980
FEC ID number of contributing federal political committee.	C	
Name of Employer Select Medical Corporation	Occupation President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.17	

Full Name (Last, First, Middle Initial) <b>C. Mr. Robert H Brehm</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 14 / 2014 <b>Transaction ID : A2014-318044</b>
Mailing Address 605 Chestnut St.		Amount of Each Receipt this Period 115.39
City Stirling	State NJ	Zip Code 07980
FEC ID number of contributing federal political committee.	C	
Name of Employer Select Medical Corporation	Occupation President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.56	

<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 12 OF 67
	<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 (Last, First, Middle Initial) <b>A. Mr. Robert H Brehm</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 02 / 28 / 2014 <b>Transaction ID : A2014-432306</b>
Mailing Address 605 Chestnut St.		Amount of Each Receipt this Period 115.39
City Stirling	State NJ	Zip Code 07980
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	
Occupation President (Ex)		Aggregate Year-to-Date ▼ 576.95
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Robert H Brehm</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 14 / 2014 <b>Transaction ID : A2014-498114</b>
Mailing Address 605 Chestnut St.		Amount of Each Receipt this Period 115.39
City Stirling	State NJ	Zip Code 07980
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	
Occupation President (Ex)		Aggregate Year-to-Date ▼ 692.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Robert H Brehm</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 28 / 2014 <b>Transaction ID : A2014-556521</b>
Mailing Address 605 Chestnut St.		Amount of Each Receipt this Period 115.39
City Stirling	State NJ	Zip Code 07980
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	
Occupation President (Ex)		Aggregate Year-to-Date ▼ 807.73
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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 13 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Douglas L Brewer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 351 Sawmill Road  
 City Dillsburg State PA Zip Code 17019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **230.78**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**01 / 31 / 2014**  
**Transaction ID : A2014-317975**  
 Amount of Each Receipt this Period  
**115.39**

**B. Mr. Douglas L Brewer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 351 Sawmill Road  
 City Dillsburg State PA Zip Code 17019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **346.17**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**02 / 14 / 2014**  
**Transaction ID : A2014-318046**  
 Amount of Each Receipt this Period  
**115.39**

**C. Mr. Douglas L Brewer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 351 Sawmill Road  
 City Dillsburg State PA Zip Code 17019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **461.56**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**02 / 28 / 2014**  
**Transaction ID : A2014-432308**  
 Amount of Each Receipt this Period  
**115.39**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>346.17</b>
<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 67
	<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 (Last, First, Middle Initial) <b>A. Mr. Douglas L Brewer</b>		Date of Receipt
Mailing Address 351 Sawmill Road		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Dillsburg	PA	17019
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A2014-498116</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Select Medical Corporation	Senior Vice President (Ex)	<input type="text" value="115.39"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="576.95"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Douglas L Brewer</b>		Date of Receipt
Mailing Address 351 Sawmill Road		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Dillsburg	PA	17019
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A2014-556523</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Select Medical Corporation	Senior Vice President (Ex)	<input type="text" value="115.39"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="692.34"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Thomas Buckingham</b>		Date of Receipt
Mailing Address 1 Chantilly Court		<input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Mechanicsburg	PA	17050
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A2014-317911</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Select Medical Corporation	Executive Vice President (Ex)	<input type="text" value="115.39"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.78"/>	
<input type="checkbox"/> Other (specify) ▼		

<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: PAGE 15 OF 67  
(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. Mr. Thomas Buckingham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Chantilly Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Executive Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 31 / 2014  
**Transaction ID : A2014-317977**  
 Amount of Each Receipt this Period  
 115.39

**B. Mr. Thomas Buckingham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Chantilly Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Executive Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 14 / 2014  
**Transaction ID : A2014-318048**  
 Amount of Each Receipt this Period  
 115.39

**C. Mr. Thomas Buckingham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Chantilly Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Executive Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : A2014-432310**  
 Amount of Each Receipt this Period  
 115.39

**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 16 OF 67
	<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. Mr. Thomas Buckingham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Chantilly Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Executive Vice President (Ex)  
 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  
 03 / 14 / 2014  
**Transaction ID : A2014-498118**  
 Amount of Each Receipt this Period  
 115.39

**B. Mr. Thomas Buckingham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Chantilly Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Executive Vice President (Ex)  
 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  
 03 / 28 / 2014  
**Transaction ID : A2014-556525**  
 Amount of Each Receipt this Period  
 115.39

**C. Mr. Raymond F Carnevale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5801 Gemini Dr. Apt. 305  
 City Madison State WI Zip Code 53718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2014  
**Transaction ID : A2014-556526**  
 Amount of Each Receipt this Period  
 76.93

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	307.71
<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 67  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial) <b>A. Mrs. Marinella Castroman</b>			Date of Receipt MM / DD / YYYY 01 / 17 / 2014 <b>Transaction ID : A2014-317912</b>		
Mailing Address 2971 Stanfield Avenue			Amount of Each Receipt this Period 115.39		
City Orlando	State FL	Zip Code 32814			
FEC ID number of contributing federal political committee. C					
Name of Employer Select Medical Corporation		Occupation Administrator (Ex)			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.78			

Full Name (Last, First, Middle Initial) <b>B. Mrs. Marinella Castroman</b>			Date of Receipt MM / DD / YYYY 01 / 31 / 2014 <b>Transaction ID : A2014-317978</b>		
Mailing Address 2971 Stanfield Avenue			Amount of Each Receipt this Period 115.39		
City Orlando	State FL	Zip Code 32814			
FEC ID number of contributing federal political committee. C					
Name of Employer Select Medical Corporation		Occupation Administrator (Ex)			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 346.17			

Full Name (Last, First, Middle Initial) <b>C. Mrs. Marinella Castroman</b>			Date of Receipt MM / DD / YYYY 02 / 14 / 2014 <b>Transaction ID : A2014-318049</b>		
Mailing Address 2971 Stanfield Avenue			Amount of Each Receipt this Period 115.39		
City Orlando	State FL	Zip Code 32814			
FEC ID number of contributing federal political committee. C					
Name of Employer Select Medical Corporation		Occupation Administrator (Ex)			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 461.56			

<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 18 OF 67  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mrs. Marinella Castroman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2971 Stanfield Avenue  
 City Orlando State FL Zip Code 32814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  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  
 02 / 28 / 2014  
**Transaction ID : A2014-432312**  
 Amount of Each Receipt this Period  
 115.39

**B. Mrs. Marinella Castroman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2971 Stanfield Avenue  
 City Orlando State FL Zip Code 32814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  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  
 03 / 14 / 2014  
**Transaction ID : A2014-498120**  
 Amount of Each Receipt this Period  
 115.39

**C. Mrs. Marinella Castroman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2971 Stanfield Avenue  
 City Orlando State FL Zip Code 32814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  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  
 03 / 28 / 2014  
**Transaction ID : A2014-556527**  
 Amount of Each Receipt this Period  
 115.39

**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 19 OF 67  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Jevne R Conover**

Mailing Address 11896 Lakeshore Drive

City State Zip Code  
Grand Haven MI 49417

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2014  
**Transaction ID : A2014-317980**

Amount of Each Receipt this Period  
76.93

Full Name (Last, First, Middle Initial)  
**B. Mr. Jevne R Conover**

Mailing Address 11896 Lakeshore Drive

City State Zip Code  
Grand Haven MI 49417

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2014  
**Transaction ID : A2014-318051**

Amount of Each Receipt this Period  
76.93

Full Name (Last, First, Middle Initial)  
**C. Mr. Jevne R Conover**

Mailing Address 11896 Lakeshore Drive

City State Zip Code  
Grand Haven MI 49417

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : A2014-432315**

Amount of Each Receipt this Period  
76.93

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.79

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 67
	(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. Mr. Jevne R Conover**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11896 Lakeshore Drive

City Grand Haven	State MI	Zip Code 49417
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : A2014-498123**

Amount of Each Receipt this Period  
76.93

**B. Mr. Jevne R Conover**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11896 Lakeshore Drive

City Grand Haven	State MI	Zip Code 49417
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
538.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

**Transaction ID : A2014-556530**

Amount of Each Receipt this Period  
76.93

**C. Mr. Fred R Cullen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 564 Fawnhill Drive

City Langhorne	State PA	Zip Code 19047
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	17	/	2014

**Transaction ID : A2014-317915**

Amount of Each Receipt this Period  
115.39

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	269.25
<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 21 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Fred R Cullen</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2014 <b>Transaction ID : A2014-317981</b>
Mailing Address 564 Fawnhill Drive		Amount of Each Receipt this Period 115.39
City Langhorne	State PA	Zip Code 19047
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	Occupation Vice President (Ex)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.17	

Full Name (Last, First, Middle Initial) <b>B. Mr. Fred R Cullen</b>		Date of Receipt MM / DD / YYYY 02 / 14 / 2014 <b>Transaction ID : A2014-318052</b>
Mailing Address 564 Fawnhill Drive		Amount of Each Receipt this Period 115.39
City Langhorne	State PA	Zip Code 19047
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	Occupation Vice President (Ex)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.56	

Full Name (Last, First, Middle Initial) <b>C. Mr. Fred R Cullen</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 <b>Transaction ID : A2014-432316</b>
Mailing Address 564 Fawnhill Drive		Amount of Each Receipt this Period 115.39
City Langhorne	State PA	Zip Code 19047
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	Occupation Vice President (Ex)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.95	

<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 22 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Fred R Cullen</b>		Date of Receipt
Mailing Address 564 Fawnhill Drive		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Langhorne State PA Zip Code 19047		<b>Transaction ID : A2014-498124</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 Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="692.34"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Fred R Cullen</b>		Date of Receipt
Mailing Address 564 Fawnhill Drive		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City Langhorne State PA Zip Code 19047		<b>Transaction ID : A2014-556531</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 Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="807.73"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Brian E Davis</b>		Date of Receipt
Mailing Address 1211 High Hollow		<input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City Mechanicsburg State PA Zip Code 17050		<b>Transaction ID : A2014-317916</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 Select Medical Corporation	Occupation Regional President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="230.78"/>	

<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 23 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Brian E Davis</b>		Date of Receipt
Mailing Address 1211 High Hollow		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Mechanicsburg	PA	17050
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Select Medical Corporation	Regional President (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="346.17"/>	
		Transaction ID : <b>A2014-317983</b>
		Amount of Each Receipt this Period
		<input type="text" value="115.39"/>

Full Name (Last, First, Middle Initial) <b>B. Mr. Brian E Davis</b>		Date of Receipt
Mailing Address 1211 High Hollow		<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Mechanicsburg	PA	17050
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Select Medical Corporation	Regional President (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="461.56"/>	
		Transaction ID : <b>A2014-318054</b>
		Amount of Each Receipt this Period
		<input type="text" value="115.39"/>

Full Name (Last, First, Middle Initial) <b>C. Mr. Brian E Davis</b>		Date of Receipt
Mailing Address 1211 High Hollow		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Mechanicsburg	PA	17050
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Select Medical Corporation	Regional President (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="576.95"/>	
		Transaction ID : <b>A2014-432318</b>
		Amount of Each Receipt this Period
		<input type="text" value="115.39"/>

<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 24 OF 67
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Brian E Davis</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : A2014-498126</b>
Mailing Address 1211 High Hollow		Amount of Each Receipt this Period 115.39
City Mechanicsburg	State PA	Zip Code 17050
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Regional President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 692.34	

Full Name (Last, First, Middle Initial) <b>B. Mr. Brian E Davis</b>		Date of Receipt MM / DD / YYYY 03 / 28 / 2014 <b>Transaction ID : A2014-556533</b>
Mailing Address 1211 High Hollow		Amount of Each Receipt this Period 115.39
City Mechanicsburg	State PA	Zip Code 17050
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Regional President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 807.73	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Teresa L Davis</b>		Date of Receipt MM / DD / YYYY 01 / 17 / 2014 <b>Transaction ID : A2014-317918</b>
Mailing Address 1019 Deerfield Road		Amount of Each Receipt this Period 115.39
City Richmond	State TX	Zip Code 77406
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.78	

<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 67
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Teresa L Davis</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2014 <b>Transaction ID : A2014-317985</b>
Mailing Address 1019 Deerfield Road		Amount of Each Receipt this Period 115.39
City Richmond	State TX	Zip Code 77406
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.17	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Teresa L Davis</b>		Date of Receipt MM / DD / YYYY 02 / 14 / 2014 <b>Transaction ID : A2014-318056</b>
Mailing Address 1019 Deerfield Road		Amount of Each Receipt this Period 115.39
City Richmond	State TX	Zip Code 77406
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.56	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Teresa L Davis</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 <b>Transaction ID : A2014-432320</b>
Mailing Address 1019 Deerfield Road		Amount of Each Receipt this Period 115.39
City Richmond	State TX	Zip Code 77406
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.95	

<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 67
	(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. Mrs. Teresa L Davis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1019 Deerfield Road

City Richmond	State TX	Zip Code 77406
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.34**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : A2014-498128**

Amount of Each Receipt this Period  

115.39
--------

**B. Mrs. Teresa L Davis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1019 Deerfield Road

City Richmond	State TX	Zip Code 77406
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **807.73**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
03	/	28	/	2014

**Transaction ID : A2014-556535**

Amount of Each Receipt this Period  

115.39
--------

**C. Mrs. Stefanie A Dean**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6421 Farmcrest Lane

City Harrisburg	State PA	Zip Code 17111
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.79**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
01	/	31	/	2014

**Transaction ID : A2014-317986**

Amount of Each Receipt this Period  

76.93
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>307.71</b>
<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 27 OF 67  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 6421 Farmcrest Lane

City Harrisburg State PA Zip Code 17111

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.72**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**02 / 14 / 2014**

**Transaction ID : A2014-318057**

Amount of Each Receipt this Period  
**76.93**

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

Mailing Address 6421 Farmcrest Lane

City Harrisburg State PA Zip Code 17111

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.65**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**02 / 28 / 2014**

**Transaction ID : A2014-432321**

Amount of Each Receipt this Period  
**76.93**

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

Mailing Address 6421 Farmcrest Lane

City Harrisburg State PA Zip Code 17111

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.58**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : A2014-498129**

Amount of Each Receipt this Period  
**76.93**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **230.79**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 67
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Stefanie A Dean</b>		Date of Receipt 03 / 28 / 2014 <b>Transaction ID : A2014-556536</b>
Mailing Address 6421 Farmcrest Lane		Amount of Each Receipt this Period 76.93
City Harrisburg	State PA	Zip Code 17111
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	Occupation Vice President (Ex)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 538.51	

Full Name (Last, First, Middle Initial) <b>B. Mr. Anthony F DeFelice</b>		Date of Receipt 03 / 14 / 2014 <b>Transaction ID : A2014-498131</b>
Mailing Address 20 Blue Ribbon Drive		Amount of Each Receipt this Period 76.93
City Elizabethtown	State PA	Zip Code 17022
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	Occupation Administrator (Ex)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.79	

Full Name (Last, First, Middle Initial) <b>C. Mr. Anthony F DeFelice</b>		Date of Receipt 03 / 28 / 2014 <b>Transaction ID : A2014-556538</b>
Mailing Address 20 Blue Ribbon Drive		Amount of Each Receipt this Period 76.93
City Elizabethtown	State PA	Zip Code 17022
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	Occupation Administrator (Ex)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.72	

<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 29 OF 67  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. David J DeGumbia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 383 Pattonwood Dr  
 City Southington State CT Zip Code 06489  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 17 / 2014  
**Transaction ID : A2014-317921**  
 Amount of Each Receipt this Period  
 115.39

**B. Mr. David J DeGumbia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 383 Pattonwood Dr  
 City Southington State CT Zip Code 06489  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2014  
**Transaction ID : A2014-317988**  
 Amount of Each Receipt this Period  
 115.39

**C. Mr. David J DeGumbia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 383 Pattonwood Dr  
 City Southington State CT Zip Code 06489  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2014  
**Transaction ID : A2014-318060**  
 Amount of Each Receipt this Period  
 115.39

**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 30 OF 67  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Mr. David J DeGumbia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 383 Pattonwood Dr

City Southington	State CT	Zip Code 06489
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

**Transaction ID : A2014-432324**

Amount of Each Receipt this Period  
115.39

**B. Mr. David J DeGumbia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 383 Pattonwood Dr

City Southington	State CT	Zip Code 06489
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : A2014-498132**

Amount of Each Receipt this Period  
115.39

**C. Mr. David J DeGumbia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 383 Pattonwood Dr

City Southington	State CT	Zip Code 06489
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

**Transaction ID : A2014-556539**

Amount of Each Receipt this Period  
115.39

<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 31 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. John F Duggan**  
Full Name (Last, First, Middle Initial)

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 Select Medical Corporation Occupation Senior Vice President (Ex)

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  
 01 / 28 / 2014  
**Transaction ID : A2014-36531**

Amount of Each Receipt this Period  
 3000.00

**B. Ms. Claudia A Eisenmann**  
Full Name (Last, First, Middle Initial)

Mailing Address 915 Hummingbird Lane

City West Chester State PA Zip Code 19382

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 19 / 2014  
**Transaction ID : A2014-311792**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address Six Amherst Road

City Chatham State NJ Zip Code 07928

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2014  
**Transaction ID : A2014-317926**

Amount of Each Receipt this Period  
 115.39

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3615.39

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 67
	<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. Bruce Gans**  
Full Name (Last, First, Middle Initial)  
Mailing Address Six Amherst Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.17**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
01	/	31	/	2014

**Transaction ID : A2014-317993**

Amount of Each Receipt this Period  

115.39
--------

**B. Bruce Gans**  
Full Name (Last, First, Middle Initial)  
Mailing Address Six Amherst Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.56**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
02	/	14	/	2014

**Transaction ID : A2014-318065**

Amount of Each Receipt this Period  

115.39
--------

**C. Bruce Gans**  
Full Name (Last, First, Middle Initial)  
Mailing Address Six Amherst Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.95**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
02	/	28	/	2014

**Transaction ID : A2014-432330**

Amount of Each Receipt this Period  

115.39
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<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>346.17</b>
<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 33 OF 67
	<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. Bruce Gans**  
Full Name (Last, First, Middle Initial)  
Mailing Address Six Amherst Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.34**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : A2014-498138**

Amount of Each Receipt this Period  

115.39
--------

**B. Bruce Gans**  
Full Name (Last, First, Middle Initial)  
Mailing Address Six Amherst Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **807.73**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

**Transaction ID : A2014-556545**

Amount of Each Receipt this Period  

115.39
--------

**c. Ms. Suzanne D Gasse**  
Full Name (Last, First, Middle Initial)  
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 Select Medical Corporation	Occupation Vice President of Operations (Ex)
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2014

**Transaction ID : A2014-311791**

Amount of Each Receipt this Period  

500.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>730.78</b>
<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 34 OF 67
	<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 (Last, First, Middle Initial) <b>A. Doctor Samuel I Hammerman</b>		Date of Receipt
Mailing Address 239 Butler Street		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Kingston State PA Zip Code 18704		<b>Transaction ID : A2014-498140</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 Select Medical Corporation	Occupation Chief Medical Officer (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="230.78"/>	

Full Name (Last, First, Middle Initial) <b>B. Doctor Samuel I Hammerman</b>		Date of Receipt
Mailing Address 239 Butler Street		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City Kingston State PA Zip Code 18704		<b>Transaction ID : A2014-556547</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 Select Medical Corporation	Occupation Chief Medical Officer (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="346.17"/>	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Barbara E Hannan</b>		Date of Receipt
Mailing Address 83 Krattiger Court		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City West Milford State NJ Zip Code 07480		<b>Transaction ID : A2014-317995</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="76.93"/>
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="230.79"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="307.71"/>
<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 35 OF 67
	<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. Mrs. Barbara E Hannan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 83 Krattiger Court

City West Milford	State NJ	Zip Code 07480
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.72**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2014

**Transaction ID : A2014-318067**

Amount of Each Receipt this Period  

76.93
-------

**B. Mrs. Barbara E Hannan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 83 Krattiger Court

City West Milford	State NJ	Zip Code 07480
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.65**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

**Transaction ID : A2014-432333**

Amount of Each Receipt this Period  

76.93
-------

**C. Mrs. Barbara E Hannan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 83 Krattiger Court

City West Milford	State NJ	Zip Code 07480
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.58**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : A2014-498141**

Amount of Each Receipt this Period  

76.93
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>230.79</b>
<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 36 OF 67
	(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**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Barbara E Hannan</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 28 / 2014 <b>Transaction ID : A2014-556548</b>
Mailing Address 83 Krattiger Court		Amount of Each Receipt this Period 76.93
City West Milford	State NJ	Zip Code 07480
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 538.51	

Full Name (Last, First, Middle Initial) <b>B. Mr. David F Key</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2014 <b>Transaction ID : A2014-317997</b>
Mailing Address 1286 Brayshore Drive		Amount of Each Receipt this Period 76.93
City Collierville	State TN	Zip Code 38017
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Regional President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.79	

Full Name (Last, First, Middle Initial) <b>C. Mr. David F Key</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 02 / 14 / 2014 <b>Transaction ID : A2014-318069</b>
Mailing Address 1286 Brayshore Drive		Amount of Each Receipt this Period 76.93
City Collierville	State TN	Zip Code 38017
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Regional President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.72	

<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 37 OF 67
	<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. Mr. David F Key**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1286 Brayshore Drive  
 City Collierville State TN Zip Code 38017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : A2014-432337**  
 Amount of Each Receipt this Period  
 76.93

**B. Mr. David F Key**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1286 Brayshore Drive  
 City Collierville State TN Zip Code 38017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : A2014-498145**  
 Amount of Each Receipt this Period  
 76.93

**C. Mr. David F Key**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1286 Brayshore Drive  
 City Collierville State TN Zip Code 38017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2014  
**Transaction ID : A2014-556552**  
 Amount of Each Receipt this Period  
 76.93

<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 38 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mrs. Margaret B Kopp</b>		Date of Receipt
Mailing Address 297 Northwest 104th Avenue		<input type="text" value="02"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
Coral Springs	FL	33071
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Select Medical Corporation	VP Clinical Svcs & Quality Mgmt (Ex	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Transaction ID : <b>A2014-311793</b>		

Full Name (Last, First, Middle Initial) <b>B. Mr. Aleksey N Kurmakov</b>		Date of Receipt
Mailing Address 2413 Toftree Drive		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Harrisburg	PA	17112
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Select Medical Corporation	Vice President (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="230.79"/>	
		Amount of Each Receipt this Period
		<input type="text" value="76.93"/>
Transaction ID : <b>A2014-318001</b>		

Full Name (Last, First, Middle Initial) <b>C. Mr. Aleksey N Kurmakov</b>		Date of Receipt
Mailing Address 2413 Toftree Drive		<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Harrisburg	PA	17112
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Select Medical Corporation	Vice President (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="307.72"/>	
		Amount of Each Receipt this Period
		<input type="text" value="76.93"/>
Transaction ID : <b>A2014-318074</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="403.86"/>
<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 39 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Aleksey N Kurmakov**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2413 Toftree Drive  
 City Harrisburg State PA Zip Code 17112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.65

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : A2014-432342**  
 Amount of Each Receipt this Period  
 76.93

**B. Mr. Aleksey N Kurmakov**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2413 Toftree Drive  
 City Harrisburg State PA Zip Code 17112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.58

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : A2014-498150**  
 Amount of Each Receipt this Period  
 76.93

**C. Mr. Aleksey N Kurmakov**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2413 Toftree Drive  
 City Harrisburg State PA Zip Code 17112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.51

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014  
**Transaction ID : A2014-556557**  
 Amount of Each Receipt this Period  
 76.93

<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 40 OF 67  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Michael T McGovern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2452 Club Road  
 City Columbus State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 17 / 2014  
**Transaction ID : A2014-317937**  
 Amount of Each Receipt this Period  
 115.39

**B. Mr. Michael T McGovern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2452 Club Road  
 City Columbus State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 31 / 2014  
**Transaction ID : A2014-318004**  
 Amount of Each Receipt this Period  
 115.39

**C. Mr. Michael T McGovern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2452 Club Road  
 City Columbus State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 14 / 2014  
**Transaction ID : A2014-318078**  
 Amount of Each Receipt this Period  
 115.39

**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 41 OF 67  
(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. Mr. Michael T McGovern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2452 Club Road  
 City Columbus State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : A2014-432351**  
 Amount of Each Receipt this Period  
 115.39

**B. Mr. Michael T McGovern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2452 Club Road  
 City Columbus State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : A2014-498160**  
 Amount of Each Receipt this Period  
 115.39

**C. Mr. Michael T McGovern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2452 Club Road  
 City Columbus State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2014  
**Transaction ID : A2014-556567**  
 Amount of Each Receipt this Period  
 115.39

**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 67
	<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. Mr. Larry M Melby**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 135 Remo Place  
 City State Zip Code  
 Palm Beach Gardens FL 33418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 19 / 2014  
**Transaction ID : A2014-311790**  
 Amount of Each Receipt this Period  
 2000.00

**B. Mrs. Sharon A Noro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 3rd Street  
 City State Zip Code  
 Aspinwall PA 15215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2014  
**Transaction ID : A2014-318006**  
 Amount of Each Receipt this Period  
 76.93

**C. Mrs. Sharon A Noro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 3rd Street  
 City State Zip Code  
 Aspinwall PA 15215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 307.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2014  
**Transaction ID : A2014-318080**  
 Amount of Each Receipt this Period  
 76.93

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2153.86
<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 67  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Mrs. Sharon A Noro**

Mailing Address 24 3rd Street

City State Zip Code  
Aspinwall PA 15215

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : A2014-432354**

Amount of Each Receipt this Period  
76.93

Full Name (Last, First, Middle Initial)  
**B. Mrs. Sharon A Noro**

Mailing Address 24 3rd Street

City State Zip Code  
Aspinwall PA 15215

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : A2014-498163**

Amount of Each Receipt this Period  
76.93

Full Name (Last, First, Middle Initial)  
**C. Mrs. Sharon A Noro**

Mailing Address 24 3rd Street

City State Zip Code  
Aspinwall PA 15215

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
538.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2014  
**Transaction ID : A2014-556570**

Amount of Each Receipt this Period  
76.93

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.79

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

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

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

FOR LINE NUMBER: PAGE 44 OF 67  
(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. Mr. Matthew P Pearson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4514 W 72nd Street  
 City State Zip Code  
 Prairie Village KS 66208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.78

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 17 / 2014  
**Transaction ID : A2014-317940**  
 Amount of Each Receipt this Period  
 115.39

**B. Mr. Matthew P Pearson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4514 W 72nd Street  
 City State Zip Code  
 Prairie Village KS 66208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 346.17

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 31 / 2014  
**Transaction ID : A2014-318007**  
 Amount of Each Receipt this Period  
 115.39

**C. Mr. Matthew P Pearson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4514 W 72nd Street  
 City State Zip Code  
 Prairie Village KS 66208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 461.56

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 14 / 2014  
**Transaction ID : A2014-318082**  
 Amount of Each Receipt this Period  
 115.39

**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 45 OF 67
	(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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Matthew P Pearson</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 <b>Transaction ID : A2014-432356</b>
Mailing Address 4514 W 72nd Street		Amount of Each Receipt this Period 115.39
City Prairie Village	State KS	Zip Code 66208
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.95	

Full Name (Last, First, Middle Initial) <b>B. Mr. Matthew P Pearson</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : A2014-498165</b>
Mailing Address 4514 W 72nd Street		Amount of Each Receipt this Period 115.39
City Prairie Village	State KS	Zip Code 66208
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 692.34	

Full Name (Last, First, Middle Initial) <b>C. Mr. Matthew P Pearson</b>		Date of Receipt MM / DD / YYYY 03 / 28 / 2014 <b>Transaction ID : A2014-556572</b>
Mailing Address 4514 W 72nd Street		Amount of Each Receipt this Period 115.39
City Prairie Village	State KS	Zip Code 66208
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 807.73	

<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 46 OF 67  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Mr. John C Quinn**

Mailing Address 381 Longwood Drive

City State Zip Code  
Meridian MS 39305

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.79

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 01 / 31 / 2014  
**Transaction ID : A2014-318012**

Amount of Each Receipt this Period  
76.93

Full Name (Last, First, Middle Initial)  
**B. Mr. John C Quinn**

Mailing Address 381 Longwood Drive

City State Zip Code  
Meridian MS 39305

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.72

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 02 / 14 / 2014  
**Transaction ID : A2014-318087**

Amount of Each Receipt this Period  
76.93

Full Name (Last, First, Middle Initial)  
**C. Mr. John C Quinn**

Mailing Address 381 Longwood Drive

City State Zip Code  
Meridian MS 39305

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 02 / 28 / 2014  
**Transaction ID : A2014-432362**

Amount of Each Receipt this Period  
76.93

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.79

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 67
	<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. Mr. John C Quinn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 381 Longwood Drive  
 City Meridian State MS Zip Code 39305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.58

Date of Receipt  
 03 / 14 / 2014  
**Transaction ID : A2014-498172**  
 Amount of Each Receipt this Period  
 76.93

**B. Mr. John C Quinn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 381 Longwood Drive  
 City Meridian State MS Zip Code 39305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.51

Date of Receipt  
 03 / 28 / 2014  
**Transaction ID : A2014-556579**  
 Amount of Each Receipt this Period  
 76.93

**C. Mr. James H Rogers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 Queens Retreat  
 City Savannah State GA Zip Code 31419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt  
 01 / 31 / 2014  
**Transaction ID : A2014-318015**  
 Amount of Each Receipt this Period  
 76.93

<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 48 OF 67
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. James H Rogers</b>		Date of Receipt MM / DD / YYYY 02 / 14 / 2014 <b>Transaction ID : A2014-318090</b>
Mailing Address 106 Queens Retreat		Amount of Each Receipt this Period 76.93
City Savannah	State GA	Zip Code 31419
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.72	

Full Name (Last, First, Middle Initial) <b>B. Mr. James H Rogers</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 <b>Transaction ID : A2014-432365</b>
Mailing Address 106 Queens Retreat		Amount of Each Receipt this Period 76.93
City Savannah	State GA	Zip Code 31419
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.65	

Full Name (Last, First, Middle Initial) <b>C. Mr. James H Rogers</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : A2014-498175</b>
Mailing Address 106 Queens Retreat		Amount of Each Receipt this Period 76.93
City Savannah	State GA	Zip Code 31419
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.58	

<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 49 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. James H Rogers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 Queens Retreat  
 City Savannah State GA Zip Code 31419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2014  
**Transaction ID : A2014-556582**  
 Amount of Each Receipt this Period  
 76.93

**B. Mr. Brian R Rusignuolo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1339 Sconsett Way  
 City New Cumberland State PA Zip Code 17070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2014  
**Transaction ID : A2014-318016**  
 Amount of Each Receipt this Period  
 76.93

**C. Mr. Brian R Rusignuolo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1339 Sconsett Way  
 City New Cumberland State PA Zip Code 17070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2014  
**Transaction ID : A2014-318091**  
 Amount of Each Receipt this Period  
 76.93

<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 50 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Brian R Rusignuolo</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 <b>Transaction ID : A2014-432366</b>
Mailing Address 1339 Sconsett Way		Amount of Each Receipt this Period 76.93
City New Cumberland	State PA	Zip Code 17070
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	Occupation Senior Vice President (Ex)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.65	

Full Name (Last, First, Middle Initial) <b>B. Mr. Brian R Rusignuolo</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : A2014-498176</b>
Mailing Address 1339 Sconsett Way		Amount of Each Receipt this Period 76.93
City New Cumberland	State PA	Zip Code 17070
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	Occupation Senior Vice President (Ex)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.58	

Full Name (Last, First, Middle Initial) <b>C. Mr. Brian R Rusignuolo</b>		Date of Receipt MM / DD / YYYY 03 / 28 / 2014 <b>Transaction ID : A2014-556583</b>
Mailing Address 1339 Sconsett Way		Amount of Each Receipt this Period 76.93
City New Cumberland	State PA	Zip Code 17070
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	Occupation Senior Vice President (Ex)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 538.51	

<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 51 OF 67
	<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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Jeffrey J Ruskan**

Mailing Address 304 Beechwood Drive

City Richmond State VA Zip Code 23229

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.79**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 31 / 2014**

**Transaction ID : A2014-318017**

Amount of Each Receipt this Period  
**76.93**

Full Name (Last, First, Middle Initial)  
**B. Mr. Jeffrey J Ruskan**

Mailing Address 304 Beechwood Drive

City Richmond State VA Zip Code 23229

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.72**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 14 / 2014**

**Transaction ID : A2014-318092**

Amount of Each Receipt this Period  
**76.93**

Full Name (Last, First, Middle Initial)  
**C. Mr. Jeffrey J Ruskan**

Mailing Address 304 Beechwood Drive

City Richmond State VA Zip Code 23229

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.65**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 28 / 2014**

**Transaction ID : A2014-432367**

Amount of Each Receipt this Period  
**76.93**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>230.79</b>
<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 52 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Jeffrey J Ruskan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 Beechwood Drive  
 City Richmond State VA Zip Code 23229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : A2014-498177**  
 Amount of Each Receipt this Period  
 76.93

**B. Mr. Jeffrey J Ruskan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 Beechwood Drive  
 City Richmond State VA Zip Code 23229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2014  
**Transaction ID : A2014-556584**  
 Amount of Each Receipt this Period  
 76.93

**C. Ms. Megan P Schmidt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Lake Village Court  
 City Johnson City State TN Zip Code 37601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2014  
**Transaction ID : A2014-318093**  
 Amount of Each Receipt this Period  
 115.39

**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 53 OF 67  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

**A. Ms. Megan P Schmidt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16 Lake Village Court

City Johnson City	State TN	Zip Code 37601
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.17**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

**Transaction ID : A2014-432368**

Amount of Each Receipt this Period  

115.39
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**B. Ms. Megan P Schmidt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16 Lake Village Court

City Johnson City	State TN	Zip Code 37601
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.56**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : A2014-498178**

Amount of Each Receipt this Period  

115.39
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**C. Ms. Megan P Schmidt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16 Lake Village Court

City Johnson City	State TN	Zip Code 37601
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.95**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

**Transaction ID : A2014-556585**

Amount of Each Receipt this Period  

115.39
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>346.17</b>
<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 54 OF 67
	<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 (Last, First, Middle Initial) <b>A. Mrs. Bridget J Sherick</b>		Date of Receipt
Mailing Address 121 Willow Lake Drive		<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
Carlisle	PA	17013
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A2014-450342</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Select Medical Corporation	Vice President (Ex)	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Jon C Skinner</b>		Date of Receipt
Mailing Address 2524 Matterhorn Ln		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Flower Mound	TX	75022-7879
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A2014-318020</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Select Medical Corporation	Vice President (Ex)	<input type="text" value="76.93"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.79"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Jon C Skinner</b>		Date of Receipt
Mailing Address 2524 Matterhorn Ln		<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Flower Mound	TX	75022-7879
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A2014-318095</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Select Medical Corporation	Vice President (Ex)	<input type="text" value="76.93"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="307.72"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="653.86"/>
<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 55 OF 67
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Jon C Skinner**  
Full Name (Last, First, Middle Initial)

Mailing Address 2524 Matterhorn Ln

City Flower Mound State TX Zip Code 75022-7879

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.65**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 28 / 2014**

**Transaction ID : A2014-432370**

Amount of Each Receipt this Period  
**76.93**

**B. Mr. Jon C Skinner**  
Full Name (Last, First, Middle Initial)

Mailing Address 2524 Matterhorn Ln

City Flower Mound State TX Zip Code 75022-7879

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.58**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : A2014-498180**

Amount of Each Receipt this Period  
**76.93**

**C. Mr. Jon C Skinner**  
Full Name (Last, First, Middle Initial)

Mailing Address 2524 Matterhorn Ln

City Flower Mound State TX Zip Code 75022-7879

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **538.51**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 28 / 2014**

**Transaction ID : A2014-556587**

Amount of Each Receipt this Period  
**76.93**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>230.79</b>
<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 67  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. John J St. Leger**

Mailing Address 634 Blue Ridge Road

City State Zip Code  
Pittsburgh PA 15239

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : A2014-498185**

Amount of Each Receipt this Period  
76.93

Full Name (Last, First, Middle Initial)  
**B. Mr. John J St. Leger**

Mailing Address 634 Blue Ridge Road

City State Zip Code  
Pittsburgh PA 15239

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2014  
**Transaction ID : A2014-556592**

Amount of Each Receipt this Period  
76.93

Full Name (Last, First, Middle Initial)  
**C. Mr. Thomas N Therout**

Mailing Address 10240 Madison

City State Zip Code  
Omaha NE 68127

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : A2014-498190**

Amount of Each Receipt this Period  
115.39

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 269.25

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Thomas N Therout</b>		Date of Receipt
Mailing Address 10240 Madison		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City Omaha State NE Zip Code 68127		<b>Transaction ID : A2014-556597</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Select Medical Corporation Occupation Vice President (Ex)		<input type="text" value="115.39"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="346.17"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Linda M Tiemens</b>		Date of Receipt
Mailing Address 1558 South Fern Place		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City Broken Arrow State OK Zip Code 74012		<b>Transaction ID : A2014-318027</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Select Medical Corporation Occupation Administrator (Ex)		<input type="text" value="76.93"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="230.79"/>	

Full Name (Last, First, Middle Initial) <b>C. Ms. Linda M Tiemens</b>		Date of Receipt
Mailing Address 1558 South Fern Place		<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Broken Arrow State OK Zip Code 74012		<b>Transaction ID : A2014-318103</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Select Medical Corporation Occupation Administrator (Ex)		<input type="text" value="76.93"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="307.72"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="269.25"/>
<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 58 OF 67
	<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. Ms. Linda M Tiemens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1558 South Fern Place  
 City Broken Arrow State OK Zip Code 74012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.65

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : A2014-432382**  
 Amount of Each Receipt this Period  
 76.93

**B. Ms. Linda M Tiemens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1558 South Fern Place  
 City Broken Arrow State OK Zip Code 74012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.58

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : A2014-498192**  
 Amount of Each Receipt this Period  
 76.93

**C. Ms. Linda M Tiemens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1558 South Fern Place  
 City Broken Arrow State OK Zip Code 74012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.51

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014  
**Transaction ID : A2014-556599**  
 Amount of Each Receipt this Period  
 76.93

<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 59 OF 67  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Timothy C Wadman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 204 Babbling Brook Drive  
 City Saint Charles State MO Zip Code 63303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2014  
**Transaction ID : A2014-318028**  
 Amount of Each Receipt this Period  
 76.93

**B. Mr. Timothy C Wadman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 204 Babbling Brook Drive  
 City Saint Charles State MO Zip Code 63303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.72

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2014  
**Transaction ID : A2014-318104**  
 Amount of Each Receipt this Period  
 76.93

**C. Mr. Timothy C Wadman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 204 Babbling Brook Drive  
 City Saint Charles State MO Zip Code 63303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.65

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : A2014-432385**  
 Amount of Each Receipt this Period  
 76.93

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Timothy C Wadman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 204 Babbling Brook Drive  
 City Saint Charles State MO Zip Code 63303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.58

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : A2014-498195**  
 Amount of Each Receipt this Period  
 76.93

**B. Mr. Timothy C Wadman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 204 Babbling Brook Drive  
 City Saint Charles State MO Zip Code 63303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.51

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014  
**Transaction ID : A2014-556602**  
 Amount of Each Receipt this Period  
 76.93

**C. Mr. Frank J Weber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 456 Sorrel Lane  
 City Milton State WV Zip Code 25541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : A2014-498198**  
 Amount of Each Receipt this Period  
 76.93

<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 61 OF 67
<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. Mr. Frank J Weber**  
Full Name (Last, First, Middle Initial)

Mailing Address 456 Sorrel Lane

City Milton State WV Zip Code 25541

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **307.72**

Date of Receipt **03 / 28 / 2014**

**Transaction ID : A2014-556605**

Amount of Each Receipt this Period **76.93**

**B. Mr. Brian J Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 9670 Rod Road

City Alpharetta State GA Zip Code 30022

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **230.78**

Date of Receipt **01 / 17 / 2014**

**Transaction ID : A2014-317963**

Amount of Each Receipt this Period **115.39**

**C. Mr. Brian J Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 9670 Rod Road

City Alpharetta State GA Zip Code 30022

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **346.17**

Date of Receipt **01 / 31 / 2014**

**Transaction ID : A2014-318032**

Amount of Each Receipt this Period **115.39**

**SUBTOTAL** of Receipts This Page (optional)..... **307.71**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 67
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Brian J Williams</b>		Date of Receipt MM / DD / YYYY 02 / 14 / 2014 <b>Transaction ID : A2014-318109</b>
Mailing Address 9670 Rod Road		Amount of Each Receipt this Period 115.39
City Alpharetta	State GA	Zip Code 30022
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	
Occupation Vice President (Ex)		Aggregate Year-to-Date ▼ 461.56
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Brian J Williams</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 <b>Transaction ID : A2014-432390</b>
Mailing Address 9670 Rod Road		Amount of Each Receipt this Period 115.39
City Alpharetta	State GA	Zip Code 30022
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	
Occupation Vice President (Ex)		Aggregate Year-to-Date ▼ 576.95
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Brian J Williams</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 <b>Transaction ID : A2014-498200</b>
Mailing Address 9670 Rod Road		Amount of Each Receipt this Period 115.39
City Alpharetta	State GA	Zip Code 30022
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	
Occupation Vice President (Ex)		Aggregate Year-to-Date ▼ 692.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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 63 OF 67  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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.** Full Name (Last, First, Middle Initial)  
**Mr. Brian J Williams**

Mailing Address 9670 Rod Road

City Alpharetta State GA Zip Code 30022

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **807.73**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 28 / 2014**

**Transaction ID : A2014-556607**

Amount of Each Receipt this Period  
**115.39**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>115.39</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>23674.07</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Udall for Colorado**

Mailing Address 220 I Street NW

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Mark Udall**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CO District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

**Transaction ID : B487594**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Pat Roberts for Senate**

Mailing Address PO Box 1495

City Topeka State KS Zip Code 66601

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Pat Roberts**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: KS District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2014

**Transaction ID : B489348**

Amount of Each Disbursement this Period

2400.00
---------

Full Name (Last, First, Middle Initial)

**C. Pat Roberts for Senate**

Mailing Address PO Box 1495

City Topeka State KS Zip Code 66601

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Pat Roberts**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: KS District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2014

**Transaction ID : B489349**

Amount of Each Disbursement this Period

2600.00
---------

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

6000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Susan Collins for Senator**

Mailing Address PO Box 522

City Portland State ME Zip Code 04112

Purpose of Disbursement  
Contribution

011

Candidate Name

**Susan M Collins**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: ME District:

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2014

**Transaction ID : B487890**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Lee Terry for Congress**

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement  
Contribution

011

Candidate Name

**Lee R Terry**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

MM / DD / YYYY  
01 / 23 / 2014

**Transaction ID : B485957**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Robert Casey for Senate**

Mailing Address PO Box 58746

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement  
Contribution

011

Candidate Name

**Bob Casey Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2014

**Transaction ID : B488668**

Amount of Each Disbursement this Period

5000.00

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

11000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Ryan Costello for Congress**

Mailing Address PO Box 3154

City West Chester State PA Zip Code 19381

Purpose of Disbursement Contribution

Candidate Name  
**Ryan Costello**

Office Sought:  House  Senate  President  
State: PA District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2014

Transaction ID : B488666

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. CPAT PAC**

Mailing Address 1760 Market Street Suite 1205

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

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

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2014

Transaction ID : B489345

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Making America Prosperous PAC**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

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

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2014

Transaction ID : B489392

Amount of Each Disbursement this Period

2400.00

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

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

12400.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Kevin Brady for Congress**

Mailing Address P.O. Box 8277

City State Zip Code  
The Woodlands TX 77387

Purpose of Disbursement  
Contribution

011

Candidate Name

**Kevin P Brady**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 25 / 2014

**Transaction ID : B489355**

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

**B. Cantor Victory Fund**

Mailing Address P.O. Box 17813

City State Zip Code  
Richmond VA 23226

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014

**Transaction ID : B486226**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

7600.00

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

37000.00