

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Select Medical Corporation PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

Election on / / in the State of

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

Election on / / in the State of

5. Covering Period / / through / /

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

Walters, William, , ,

Type or Print Name of Treasurer

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

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

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

FEC Form 3X (Rev. 05/2016)

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="2019"/>	<input type="text" value="136005.52"/>	<input type="text" value="136005.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="22335.74"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="124787.13"/>	<input type="text" value="191617.35"/>
(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="147122.87"/>	<input type="text" value="327622.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="83600.00"/>	<input type="text" value="264100.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="63522.87"/>	<input type="text" value="63522.87"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

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).....	119133.26	179385.80
(ii) Unitemized	653.87	7231.55
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	119787.13	186617.35
(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)	119787.13	186617.35
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.....	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	124787.13	191617.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	124787.13	191617.35

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	82100.00	262600.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	1500.00	1500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	83600.00	264100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	83600.00	264100.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	119787.13	186617.35
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	119787.13	186617.35
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 214
	<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. Bencomo, Dionisio, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2851 SW 137 Court

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1615.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2019
Transaction ID : A2019-1512397

Amount of Each Receipt this Period
 115.39

Memo Item

B. Bencomo, Dionisio, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2851 SW 137 Court

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1730.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2019
Transaction ID : A2019-1676328

Amount of Each Receipt this Period
 115.39

Memo Item

C. Bencomo, Dionisio, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2851 SW 137 Court

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1846.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2019
Transaction ID : A2019-1772261

Amount of Each Receipt this Period
 115.39

Memo Item

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

: 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 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Date of Receipt **08 / 23 / 2019**
Transaction ID : A2019-1959768
 Amount of Each Receipt this Period 115.39
 Memo Item

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

Date of Receipt **09 / 06 / 2019**
Transaction ID : A2019-2013548
 Amount of Each Receipt this Period 115.39
 Memo Item

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

Date of Receipt **09 / 20 / 2019**
Transaction ID : A2019-2395004
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt 10 / 04 / 2019
Transaction ID : A2019-2445637
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Bencomo, Dionisio, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2851 SW 137 Court
 City Miami State FL Zip Code 33175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 18 / 2019
Transaction ID : A2019-2463311
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Bencomo, Dionisio, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2851 SW 137 Court
 City Miami State FL Zip Code 33175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 11 / 01 / 2019
Transaction ID : A2019-2515717
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bencomo, Dionisio, , Mr.,			Date of Receipt												
Mailing Address 2851 SW 137 Court			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>15</td> <td></td> <td>2019</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	11		15		2019
M M M	/	D D D	/	Y Y Y Y Y Y											
11		15		2019											
City Miami			State FL	Zip Code 33175											
FEC ID number of contributing federal political committee. C			Transaction ID : A2019-2700929												
Name of Employer (for Individual) Select Medical Corporation			Occupation (for Individual) Vice President												
Amount of Each Receipt this Period 115.39			<input type="checkbox"/> Memo Item												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ 2653.97												

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bencomo, Dionisio, , Mr.,			Date of Receipt												
Mailing Address 2851 SW 137 Court			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>29</td> <td></td> <td>2019</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	11		29		2019
M M M	/	D D D	/	Y Y Y Y Y Y											
11		29		2019											
City Miami			State FL	Zip Code 33175											
FEC ID number of contributing federal political committee. C			Transaction ID : A2019-2749324												
Name of Employer (for Individual) Select Medical Corporation			Occupation (for Individual) Vice President												
Amount of Each Receipt this Period 115.39			<input type="checkbox"/> Memo Item												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ 2769.36												

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bencomo, Dionisio, , Mr.,			Date of Receipt												
Mailing Address 2851 SW 137 Court			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>13</td> <td></td> <td>2019</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12		13		2019
M M M	/	D D D	/	Y Y Y Y Y Y											
12		13		2019											
City Miami			State FL	Zip Code 33175											
FEC ID number of contributing federal political committee. C			Transaction ID : A2019-3119586												
Name of Employer (for Individual) Select Medical Corporation			Occupation (for Individual) Vice President												
Amount of Each Receipt this Period 115.39			<input type="checkbox"/> Memo Item												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Aggregate Year-to-Date ▼ 2884.75												

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 11 OF 214
	<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. Bencomo, Dionisio, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2851 SW 137 Court
 City Miami State FL Zip Code 33175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2019
Transaction ID : A2019-3119644
 Amount of Each Receipt this Period
 115.25
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2019
Transaction ID : A2019-1512380
 Amount of Each Receipt this Period
 115.39
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2019
Transaction ID : A2019-1676312
 Amount of Each Receipt this Period
 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 214
	<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. Bolcavage, Theodore, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 207 Bryant St
 City Mechanicsburg State PA Zip Code 17050-4148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt 08 / 09 / 2019
Transaction ID : A2019-177245
 Amount of Each Receipt this Period 115.39
 Memo Item

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

Date of Receipt 08 / 23 / 2019
Transaction ID : A2019-1959752
 Amount of Each Receipt this Period 115.39
 Memo Item

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

Date of Receipt 09 / 06 / 2019
Transaction ID : A2019-2013532
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 214
	<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. Bolcavage, Theodore, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 207 Bryant St
 City Mechanicsburg State PA Zip Code 17050-4148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt **09 / 20 / 2019**
Transaction ID : A2019-2394988
 Amount of Each Receipt this Period 115.39
 Memo Item

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

Date of Receipt **10 / 04 / 2019**
Transaction ID : A2019-2445621
 Amount of Each Receipt this Period 115.39
 Memo Item

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

Date of Receipt **10 / 18 / 2019**
Transaction ID : A2019-2463295
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Date of Receipt 11 / 01 / 2019
Transaction ID : A2019-2515743
 Amount of Each Receipt this Period 115.39
 Memo Item

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

Date of Receipt 11 / 15 / 2019
Transaction ID : A2019-2700913
 Amount of Each Receipt this Period 115.39
 Memo Item

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

Date of Receipt 11 / 29 / 2019
Transaction ID : A2019-2749350
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Date of Receipt 12 / 13 / 2019
Transaction ID : A2019-3119570
 Amount of Each Receipt this Period 115.39
 Memo Item

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

Date of Receipt 12 / 27 / 2019
Transaction ID : A2019-3119628
 Amount of Each Receipt this Period 115.25
 Memo Item

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

Date of Receipt 07 / 12 / 2019
Transaction ID : A2019-1512389
 Amount of Each Receipt this Period 192.31
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	422.95
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 214
	<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. Bradley, Daniel, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2261 Turk Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2019

Transaction ID : A2019-1676321

Amount of Each Receipt this Period
192.31

Memo Item

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

Mailing Address 2261 Turk Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3076.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2019

Transaction ID : A2019-1772254

Amount of Each Receipt this Period
192.31

Memo Item

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

Mailing Address 2261 Turk Road

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3269.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2019

Transaction ID : A2019-1959761

Amount of Each Receipt this Period
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 214
<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. Bradley, Daniel, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2261 Turk Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3461.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2019

Transaction ID : A2019-2013541

Amount of Each Receipt this Period
192.31

Memo Item

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

Mailing Address 2261 Turk Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3653.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2019

Transaction ID : A2019-2394997

Amount of Each Receipt this Period
192.31

Memo Item

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

Mailing Address 2261 Turk Road

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3846.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2019

Transaction ID : A2019-2445630

Amount of Each Receipt this Period
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 2261 Turk Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4038.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2019

Transaction ID : A2019-2463304

Amount of Each Receipt this Period
192.31

Memo Item

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

Mailing Address 2261 Turk Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4230.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2019

Transaction ID : A2019-2515710

Amount of Each Receipt this Period
192.31

Memo Item

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

Mailing Address 2261 Turk Road

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4423.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2019

Transaction ID : A2019-270922

Amount of Each Receipt this Period
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 214
<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. Bradley, Daniel, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2261 Turk Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4615.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2019

Transaction ID : A2019-2749359

Amount of Each Receipt this Period
192.31

Memo Item

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

Mailing Address 2261 Turk Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4807.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2019

Transaction ID : A2019-3119579

Amount of Each Receipt this Period
192.31

Memo Item

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

Mailing Address 2261 Turk Road

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2019

Transaction ID : A2019-3119637

Amount of Each Receipt this Period
192.25

Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.87
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Date of Receipt 07 / 12 / 2019
Transaction ID : A2019-1512414
 Amount of Each Receipt this Period 115.39
 Memo Item

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

Date of Receipt 07 / 26 / 2019
Transaction ID : A2019-1676345
 Amount of Each Receipt this Period 115.39
 Memo Item

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

Date of Receipt 08 / 09 / 2019
Transaction ID : A2019-1772278
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 214
	<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. Cannon, Matthew, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19073 Twilight Trl
 City Eden Prairie State MN Zip Code 55346-4047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt **08 / 23 / 2019**
Transaction ID : A2019-1959785
 Amount of Each Receipt this Period 115.39
 Memo Item

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

Date of Receipt **09 / 06 / 2019**
Transaction ID : A2019-2013565
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Cannon, Matthew, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19073 Twilight Trl
 City Eden Prairie State MN Zip Code 55346-4047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt **09 / 20 / 2019**
Transaction ID : A2019-2395022
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Date of Receipt 10 / 04 / 2019
Transaction ID : A2019-2445655
 Amount of Each Receipt this Period 115.39
 Memo Item

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

Date of Receipt 10 / 18 / 2019
Transaction ID : A2019-2463329
 Amount of Each Receipt this Period 115.39
 Memo Item

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

Date of Receipt 11 / 01 / 2019
Transaction ID : A2019-2515735
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Date of Receipt 11 / 15 / 2019
Transaction ID : A2019-2700947
 Amount of Each Receipt this Period 115.39
 Memo Item

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

Date of Receipt 11 / 29 / 2019
Transaction ID : A2019-2749342
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Cannon, Matthew, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19073 Twilight Trl
 City Eden Prairie State MN Zip Code 55346-4047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt 12 / 13 / 2019
Transaction ID : A2019-3119604
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 24 OF 214
(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. Cannon, Matthew, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19073 Twilight Trl
 City Eden Prairie State MN Zip Code 55346-4047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **12 / 27 / 2019**
Transaction ID : A2019-3119662
 Amount of Each Receipt this Period 115.25
 Memo Item

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

Date of Receipt **11 / 06 / 2019**
Transaction ID : A2019-2601875
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Chambers, Jason, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1415 Aaron Creek Drive
 City Fisherville State KY Zip Code 40023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt **07 / 12 / 2019**
Transaction ID : A2019-1512392
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 5230.64
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 25 OF 214
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Chambers, Jason, S, Mr.,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2019 Transaction ID : A2019-1676324
Mailing Address 1415 Aaron Creek Drive			Amount of Each Receipt this Period 115.39
City Fisherville	State KY	Zip Code 40023	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1730.85	
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Chambers, Jason, S, Mr.,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 09 / 2019 Transaction ID : A2019-1772257
Mailing Address 1415 Aaron Creek Drive			Amount of Each Receipt this Period 115.39
City Fisherville	State KY	Zip Code 40023	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1846.24	
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Chambers, Jason, S, Mr.,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 23 / 2019 Transaction ID : A2019-1959764
Mailing Address 1415 Aaron Creek Drive			Amount of Each Receipt this Period 115.39
City Fisherville	State KY	Zip Code 40023	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1961.63	
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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 26 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Chambers, Jason, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1415 Aaron Creek Drive
 City Fisherville State KY Zip Code 40023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2019
Transaction ID : A2019-2013544
 Amount of Each Receipt this Period
 115.39
 Memo Item

B. Chambers, Jason, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1415 Aaron Creek Drive
 City Fisherville State KY Zip Code 40023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2019
Transaction ID : A2019-2395000
 Amount of Each Receipt this Period
 115.39
 Memo Item

C. Chambers, Jason, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1415 Aaron Creek Drive
 City Fisherville State KY Zip Code 40023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2019
Transaction ID : A2019-2445633
 Amount of Each Receipt this Period
 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 214
	<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. Chambers, Jason, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1415 Aaron Creek Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2423.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2019

Transaction ID : A2019-2463307

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 1415 Aaron Creek Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2019

Transaction ID : A2019-2515713

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 1415 Aaron Creek Drive

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2653.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2019

Transaction ID : A2019-270925

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 1415 Aaron Creek Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2769.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2019

Transaction ID : A2019-2749362

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 1415 Aaron Creek Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2019

Transaction ID : A2019-3119582

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 1415 Aaron Creek Drive

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2019

Transaction ID : A2019-3119640

Amount of Each Receipt this Period
115.25

Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 214
	<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. Chernow, David, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 Gladstone Court
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2692.34

Date of Receipt **07 / 12 / 2019**
Transaction ID : A2019-1512407
 Amount of Each Receipt this Period 192.31
 Memo Item

B. Chernow, David, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 Gladstone Court
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.65

Date of Receipt **07 / 26 / 2019**
Transaction ID : A2019-1676338
 Amount of Each Receipt this Period 192.31
 Memo Item

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

Date of Receipt **08 / 09 / 2019**
Transaction ID : A2019-1772271
 Amount of Each Receipt this Period 192.31
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Chernow, David, S, Mr.,		Date of Receipt MM / DD / YYYY 08 / 23 / 2019 Transaction ID : A2019-1959778
Mailing Address 700 Gladstone Court		Amount of Each Receipt this Period 192.31
City Mechanicsburg	State PA	Zip Code 17055
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3269.27	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Chernow, David, S, Mr.,		Date of Receipt MM / DD / YYYY 09 / 06 / 2019 Transaction ID : A2019-2013558
Mailing Address 700 Gladstone Court		Amount of Each Receipt this Period 192.31
City Mechanicsburg	State PA	Zip Code 17055
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3461.58	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Chernow, David, S, Mr.,		Date of Receipt MM / DD / YYYY 09 / 20 / 2019 Transaction ID : A2019-2395015
Mailing Address 700 Gladstone Court		Amount of Each Receipt this Period 192.31
City Mechanicsburg	State PA	Zip Code 17055
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 3653.89	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 214
	<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. Chernow, David, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 Gladstone Court
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.20

Date of Receipt 10 / 04 / 2019
Transaction ID : A2019-2445648
 Amount of Each Receipt this Period 192.31
 Memo Item

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

Date of Receipt 10 / 18 / 2019
Transaction ID : A2019-2463322
 Amount of Each Receipt this Period 192.31
 Memo Item

C. Chernow, David, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 Gladstone Court
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.82

Date of Receipt 11 / 01 / 2019
Transaction ID : A2019-2515728
 Amount of Each Receipt this Period 192.31
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 214
	<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. Chernow, David, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 Gladstone Court
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4423.13

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : A2019-2700940
 Amount of Each Receipt this Period
 192.31
 Memo Item

B. Chernow, David, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 Gladstone Court
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4615.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2019
Transaction ID : A2019-2749335
 Amount of Each Receipt this Period
 192.31
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2019
Transaction ID : A2019-3119597
 Amount of Each Receipt this Period
 192.31
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 214
	<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. Chernow, David, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 Gladstone Court
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2019
Transaction ID : A2019-3119655
 Amount of Each Receipt this Period
 192.25
 Memo Item

B. Cressey, Bryan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 W County Line Rd
 City Barrington State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2019
Transaction ID : A2019-2716062
 Amount of Each Receipt this Period
 5000.00
 Memo Item

C. Deemer, Miriam, R, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 285 Merriweather Rd
 City Grosse Pointe Farms State MI Zip Code 48236-3428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2019
Transaction ID : A2019-1512409
 Amount of Each Receipt this Period
 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5307.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Deemer, Miriam, R, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 285 Merriweather Rd
 City Grosse Pointe Farms State MI Zip Code 48236-3428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt 07 / 26 / 2019
Transaction ID : A2019-1676340
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Deemer, Miriam, R, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 285 Merriweather Rd
 City Grosse Pointe Farms State MI Zip Code 48236-3428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt 08 / 09 / 2019
Transaction ID : A2019-1772273
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Deemer, Miriam, R, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 285 Merriweather Rd
 City Grosse Pointe Farms State MI Zip Code 48236-3428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt 08 / 23 / 2019
Transaction ID : A2019-1959780
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 35 OF 214
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Deemer, Miriam, R, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 285 Merriweather Rd
 City Grosse Pointe Farms State MI Zip Code 48236-3428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 09 / 06 / 2019
Transaction ID : A2019-2013560
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Deemer, Miriam, R, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 285 Merriweather Rd
 City Grosse Pointe Farms State MI Zip Code 48236-3428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt 09 / 20 / 2019
Transaction ID : A2019-2395017
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Deemer, Miriam, R, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 285 Merriweather Rd
 City Grosse Pointe Farms State MI Zip Code 48236-3428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 04 / 2019
Transaction ID : A2019-2445650
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 36 OF 214
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Deemer, Miriam, R, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 285 Merriweather Rd
 City Grosse Pointe Farms State MI Zip Code 48236-3428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 18 / 2019
Transaction ID : A2019-2463324
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Deemer, Miriam, R, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 285 Merriweather Rd
 City Grosse Pointe Farms State MI Zip Code 48236-3428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 11 / 01 / 2019
Transaction ID : A2019-2515730
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Deemer, Miriam, R, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 285 Merriweather Rd
 City Grosse Pointe Farms State MI Zip Code 48236-3428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 15 / 2019
Transaction ID : A2019-2700942
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 214
	<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. Deemer, Miriam, R, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 285 Merriweather Rd

City Grosse Pointe Farms	State MI	Zip Code 48236-3428
-----------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2769.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2019

Transaction ID : A2019-2749337

Amount of Each Receipt this Period
115.39

Memo Item

B. Deemer, Miriam, R, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 285 Merriweather Rd

City Grosse Pointe Farms	State MI	Zip Code 48236-3428
-----------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2019

Transaction ID : A2019-3119599

Amount of Each Receipt this Period
115.39

Memo Item

C. Deemer, Miriam, R, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 285 Merriweather Rd

City Grosse Pointe Farms	State MI	Zip Code 48236-3428
-----------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2019

Transaction ID : A2019-3119657

Amount of Each Receipt this Period
115.25

Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 214
	<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. DeGumbia, David, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 383 Pattonwood Dr
 City Southington State CT Zip Code 06489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 12 / 2019
Transaction ID : A2019-1512404
 Amount of Each Receipt this Period 115.39
 Memo Item

B. DeGumbia, David, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 383 Pattonwood Dr
 City Southington State CT Zip Code 06489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt 07 / 26 / 2019
Transaction ID : A2019-1676335
 Amount of Each Receipt this Period 115.39
 Memo Item

C. DeGumbia, David, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 383 Pattonwood Dr
 City Southington State CT Zip Code 06489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt 08 / 09 / 2019
Transaction ID : A2019-1772268
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 214
	<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. DeGumbia, David, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 383 Pattonwood Dr
 City Southington State CT Zip Code 06489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt **08 / 23 / 2019**
Transaction ID : A2019-1959775
 Amount of Each Receipt this Period 115.39
 Memo Item

B. DeGumbia, David, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 383 Pattonwood Dr
 City Southington State CT Zip Code 06489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt **09 / 06 / 2019**
Transaction ID : A2019-2013555
 Amount of Each Receipt this Period 115.39
 Memo Item

C. DeGumbia, David, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 383 Pattonwood Dr
 City Southington State CT Zip Code 06489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt **09 / 20 / 2019**
Transaction ID : A2019-2395012
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. DeGumbia, David, J, Mr.,			Date of Receipt
Mailing Address 383 Pattonwood Dr			<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2019"/>
City Southington	State CT	Zip Code 06489	Transaction ID : A2019-2445645
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="115.39"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2307.80"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DeGumbia, David, J, Mr.,			Date of Receipt
Mailing Address 383 Pattonwood Dr			<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2019"/>
City Southington	State CT	Zip Code 06489	Transaction ID : A2019-2463319
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="115.39"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2423.19"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. DeGumbia, David, J, Mr.,			Date of Receipt
Mailing Address 383 Pattonwood Dr			<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2019"/>
City Southington	State CT	Zip Code 06489	Transaction ID : A2019-2515725
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="115.39"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="2538.58"/>		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="346.17"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 214
	<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. DeGumbia, David, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 383 Pattonwood Dr

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2653.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

Transaction ID : A2019-2700937

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 383 Pattonwood Dr

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2769.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2019

Transaction ID : A2019-2749332

Amount of Each Receipt this Period
115.39

Memo Item

C. DeGumbia, David, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 383 Pattonwood Dr

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2884.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2019

Transaction ID : A2019-3119594

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 214
<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. DeGumbia, David, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 383 Pattonwood Dr

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2019

Transaction ID : A2019-3119652

Amount of Each Receipt this Period
115.25

Memo Item

B. Dehoff, James, L, Jr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1317 Abington Way

City Mechanicsburg	State PA	Zip Code 17050
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2019

Transaction ID : A2019-2515741

Amount of Each Receipt this Period
192.31

Memo Item

C. Dehoff, James, L, Jr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1317 Abington Way

City Mechanicsburg	State PA	Zip Code 17050
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
576.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

Transaction ID : A2019-2700911

Amount of Each Receipt this Period
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Dehoff, James, L, Jr., Jr.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2019 Transaction ID : A2019-2749348
Mailing Address 1317 Abington Way		Amount of Each Receipt this Period 192.31
City Mechanicsburg	State PA	Zip Code 17050
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.24	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Dehoff, James, L, Jr., Jr.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 13 / 2019 Transaction ID : A2019-3119568
Mailing Address 1317 Abington Way		Amount of Each Receipt this Period 192.31
City Mechanicsburg	State PA	Zip Code 17050
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 961.55	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Dehoff, James, L, Jr., Jr.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 27 / 2019 Transaction ID : A2019-3119626
Mailing Address 1317 Abington Way		Amount of Each Receipt this Period 192.31
City Mechanicsburg	State PA	Zip Code 17050
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1153.86	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 214
	<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. Dishner, Kerry, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 Downing Pl
 Suite 1050
 City Mechanicsburg State PA Zip Code 17050-6881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1615.46**

Date of Receipt **07 / 12 / 2019**
Transaction ID : A2019-1512408
 Amount of Each Receipt this Period **115.39**
 Memo Item

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

Date of Receipt **07 / 26 / 2019**
Transaction ID : A2019-1676339
 Amount of Each Receipt this Period **115.39**
 Memo Item

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

Date of Receipt **08 / 09 / 2019**
Transaction ID : A2019-1772272
 Amount of Each Receipt this Period **115.39**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Date of Receipt **08 / 23 / 2019**
Transaction ID : A2019-1959779
 Amount of Each Receipt this Period 115.39
 Memo Item

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

Date of Receipt **09 / 06 / 2019**
Transaction ID : A2019-2013559
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Dishner, Kerry, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 Downing Pl
 Suite 1050
 City Mechanicsburg State PA Zip Code 17050-6881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt **09 / 20 / 2019**
Transaction ID : A2019-2395016
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Dishner, Kerry, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 Downing Pl
 Suite 1050
 City Mechanicsburg State PA Zip Code 17050-6881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 04 / 2019
Transaction ID : A2019-2445649
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Dishner, Kerry, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 Downing Pl
 Suite 1050
 City Mechanicsburg State PA Zip Code 17050-6881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 18 / 2019
Transaction ID : A2019-2463323
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Dishner, Kerry, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 Downing Pl
 Suite 1050
 City Mechanicsburg State PA Zip Code 17050-6881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 11 / 01 / 2019
Transaction ID : A2019-2515729
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 214
	<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. Dishner, Kerry, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 Downing Pl
 Suite 1050
 City Mechanicsburg State PA Zip Code 17050-6881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 15 / 2019
Transaction ID : A2019-2700941
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Dishner, Kerry, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 Downing Pl
 Suite 1050
 City Mechanicsburg State PA Zip Code 17050-6881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt 11 / 29 / 2019
Transaction ID : A2019-2749336
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Dishner, Kerry, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 Downing Pl
 Suite 1050
 City Mechanicsburg State PA Zip Code 17050-6881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt 12 / 13 / 2019
Transaction ID : A2019-3119598
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 214
	<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. Dishner, Kerry, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 Downing Pl
 Suite 1050
 City Mechanicsburg State PA Zip Code 17050-6881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **12 / 27 / 2019**
Transaction ID : A2019-3119656
 Amount of Each Receipt this Period 115.25
 Memo Item

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

Date of Receipt **11 / 06 / 2019**
Transaction ID : A2019-2601874
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Farley, Kyle, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13316 E 93rd St
 City Kansas City State MO Zip Code 64138-5000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 538.58

Date of Receipt **07 / 12 / 2019**
Transaction ID : A2019-1512403
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 5153.72
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 214
	<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. Farley, Kyle, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13316 E 93rd St
 City Kansas City State MO Zip Code 64138-5000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 26 / 2019
Transaction ID : A2019-1676334
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Farley, Kyle, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13316 E 93rd St
 City Kansas City State MO Zip Code 64138-5000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 615.52

Date of Receipt 08 / 09 / 2019
Transaction ID : A2019-1772267
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Farley, Kyle, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13316 E 93rd St
 City Kansas City State MO Zip Code 64138-5000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 653.99

Date of Receipt 08 / 23 / 2019
Transaction ID : A2019-1959774
 Amount of Each Receipt this Period 38.47
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 OF 214
	(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. Farley, Kyle, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13316 E 93rd St

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2019

Transaction ID : A2019-2013554

Amount of Each Receipt this Period
38.47

Memo Item

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

Mailing Address 13316 E 93rd St

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2019

Transaction ID : A2019-2395011

Amount of Each Receipt this Period
38.47

Memo Item

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

Mailing Address 13316 E 93rd St

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2019

Transaction ID : A2019-2445644

Amount of Each Receipt this Period
38.47

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 51 OF 214
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Farley, Kyle, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13316 E 93rd St
 City Kansas City State MO Zip Code 64138-5000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 807.87

Date of Receipt 10 / 18 / 2019
Transaction ID : A2019-2463318
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Farley, Kyle, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13316 E 93rd St
 City Kansas City State MO Zip Code 64138-5000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.34

Date of Receipt 11 / 01 / 2019
Transaction ID : A2019-2515724
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Farley, Kyle, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13316 E 93rd St
 City Kansas City State MO Zip Code 64138-5000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 884.81

Date of Receipt 11 / 15 / 2019
Transaction ID : A2019-2700936
 Amount of Each Receipt this Period 38.47
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 13316 E 93rd St

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
923.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2019

Transaction ID : A2019-2749331

Amount of Each Receipt this Period
38.47

Memo Item

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

Mailing Address 13316 E 93rd St

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
961.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2019

Transaction ID : A2019-3119593

Amount of Each Receipt this Period
38.47

Memo Item

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

Mailing Address 13316 E 93rd St

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2019

Transaction ID : A2019-3119651

Amount of Each Receipt this Period
38.47

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 214
	<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. Frist, William, H, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4714 Gettysburg Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2019

Transaction ID : A2019-2716059

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address 5024 Westbury Farms Dr

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2019

Transaction ID : A2019-2445658

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 5024 Westbury Farms Dr

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
346.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2019

Transaction ID : A2019-2463332

Amount of Each Receipt this Period
115.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5230.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 5024 Westbury Farms Dr

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.56

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2019

Transaction ID : A2019-2515738

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 5024 Westbury Farms Dr

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.95

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		15		2019

Transaction ID : A2019-2700950

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 5024 Westbury Farms Dr

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
692.34

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		29		2019

Transaction ID : A2019-2749345

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 214
	<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. Fucci, Thomas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5024 Westbury Farms Dr

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
807.73

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2019

Transaction ID : A2019-3119607

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 5024 Westbury Farms Dr

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
923.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2019

Transaction ID : A2019-3119665

Amount of Each Receipt this Period
115.39

Memo Item

C. Gasse, Suzanne, D, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3903 West Sailboat Drive

City Pembroke Pines	State FL	Zip Code 33026
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2019

Transaction ID : A2019-1515718

Amount of Each Receipt this Period
19.24

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 214
	<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. Gasse, Suzanne, D, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3903 West Sailboat Drive
 City: Pembroke Pines, State: FL, Zip Code: 33026
 FEC ID number of contributing federal political committee: **C**
 Name of Employer (for Individual): Select Medical Corporation, Occupation (for Individual): Vice President of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼: 288.60

Date of Receipt: 07 / 19 / 2019
Transaction ID : A2019-1661302
 Amount of Each Receipt this Period: 19.24
 Memo Item

B. Gasse, Suzanne, D, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3903 West Sailboat Drive
 City: Pembroke Pines, State: FL, Zip Code: 33026
 FEC ID number of contributing federal political committee: **C**
 Name of Employer (for Individual): Select Medical Corporation, Occupation (for Individual): Vice President of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼: 307.84

Date of Receipt: 08 / 02 / 2019
Transaction ID : A2019-1722992
 Amount of Each Receipt this Period: 19.24
 Memo Item

C. Gasse, Suzanne, D, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3903 West Sailboat Drive
 City: Pembroke Pines, State: FL, Zip Code: 33026
 FEC ID number of contributing federal political committee: **C**
 Name of Employer (for Individual): Select Medical Corporation, Occupation (for Individual): Vice President of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼: 327.08

Date of Receipt: 08 / 16 / 2019
Transaction ID : A2019-1946500
 Amount of Each Receipt this Period: 19.24
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Gasse, Suzanne, D, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3903 West Sailboat Drive

City Pembroke Pines	State FL	Zip Code 33026
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2019

Transaction ID : A2019-1987748

Amount of Each Receipt this Period

19.24

 Memo Item

B. Gasse, Suzanne, D, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3903 West Sailboat Drive

City Pembroke Pines	State FL	Zip Code 33026
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2019

Transaction ID : A2019-2209807

Amount of Each Receipt this Period

19.24

 Memo Item

C. Gasse, Suzanne, D, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3903 West Sailboat Drive

City Pembroke Pines	State FL	Zip Code 33026
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
384.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2019

Transaction ID : A2019-2395028

Amount of Each Receipt this Period

19.24

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 214
	<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. Gasse, Suzanne, D, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3903 West Sailboat Drive

City Pembroke Pines	State FL	Zip Code 33026
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
404.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2019

Transaction ID : A2019-2445668

Amount of Each Receipt this Period
19.24

Memo Item

B. Gasse, Suzanne, D, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3903 West Sailboat Drive

City Pembroke Pines	State FL	Zip Code 33026
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2019

Transaction ID : A2019-2498126

Amount of Each Receipt this Period
19.24

Memo Item

C. Gasse, Suzanne, D, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3903 West Sailboat Drive

City Pembroke Pines	State FL	Zip Code 33026
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
442.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2019

Transaction ID : A2019-2620494

Amount of Each Receipt this Period
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Gasse, Suzanne, D, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3903 West Sailboat Drive

City Pembroke Pines	State FL	Zip Code 33026
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2019

Transaction ID : A2019-2713419

Amount of Each Receipt this Period
19.24

Memo Item

B. Gasse, Suzanne, D, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3903 West Sailboat Drive

City Pembroke Pines	State FL	Zip Code 33026
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
481.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2019

Transaction ID : A2019-3120365

Amount of Each Receipt this Period
19.24

Memo Item

C. Gasse, Suzanne, D, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3903 West Sailboat Drive

City Pembroke Pines	State FL	Zip Code 33026
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2019

Transaction ID : A2019-3119623

Amount of Each Receipt this Period
19.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Gombotz, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Mallard Lane

City Kensington	State CT	Zip Code 06037
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2019

Transaction ID : A2019-1515717

Amount of Each Receipt this Period
19.24

Memo Item

B. Gombotz, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Mallard Lane

City Kensington	State CT	Zip Code 06037
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2019

Transaction ID : A2019-1661301

Amount of Each Receipt this Period
19.24

Memo Item

C. Gombotz, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Mallard Lane

City Kensington	State CT	Zip Code 06037
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
307.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2019

Transaction ID : A2019-1722991

Amount of Each Receipt this Period
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 214
	<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. Gombotz, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Mallard Lane

City Kensington	State CT	Zip Code 06037
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2019

Transaction ID : A2019-1946499

Amount of Each Receipt this Period
19.24

Memo Item

B. Gombotz, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Mallard Lane

City Kensington	State CT	Zip Code 06037
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2019

Transaction ID : A2019-1987747

Amount of Each Receipt this Period
19.24

Memo Item

C. Gombotz, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Mallard Lane

City Kensington	State CT	Zip Code 06037
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2019

Transaction ID : A2019-2209806

Amount of Each Receipt this Period
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Gombotz, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Mallard Lane

City Kensington	State CT	Zip Code 06037
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2019

Transaction ID : A2019-2395030

Amount of Each Receipt this Period
19.24

Memo Item

B. Gombotz, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Mallard Lane

City Kensington	State CT	Zip Code 06037
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
404.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2019

Transaction ID : A2019-2445667

Amount of Each Receipt this Period
19.24

Memo Item

C. Gombotz, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Mallard Lane

City Kensington	State CT	Zip Code 06037
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
423.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2019

Transaction ID : A2019-2498125

Amount of Each Receipt this Period
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Gombotz, Mark, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 Mallard Lane
 City Kensington State CT Zip Code 06037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 442.52

Date of Receipt 11 / 08 / 2019
Transaction ID : A2019-2620493
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Gombotz, Mark, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 Mallard Lane
 City Kensington State CT Zip Code 06037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.76

Date of Receipt 11 / 22 / 2019
Transaction ID : A2019-2713418
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Gombotz, Mark, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 Mallard Lane
 City Kensington State CT Zip Code 06037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt 12 / 06 / 2019
Transaction ID : A2019-3120364
 Amount of Each Receipt this Period 19.24
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 214
	<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. Gombotz, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Mallard Lane

City Kensington	State CT	Zip Code 06037
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2019

Transaction ID : A2019-3119622

Amount of Each Receipt this Period
19.00

Memo Item

B. Hammerman, Samuel, I, Doctor, I.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Windy Drive

City Shavertown	State PA	Zip Code 18708
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2692.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2019

Transaction ID : A2019-1512411

Amount of Each Receipt this Period
192.31

Memo Item

C. Hammerman, Samuel, I, Doctor, I.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Windy Drive

City Shavertown	State PA	Zip Code 18708
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2884.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2019

Transaction ID : A2019-1676342

Amount of Each Receipt this Period
192.31

Memo Item

SUBTOTAL of Receipts This Page (optional).....	403.62
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 65 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Hammerman, Samuel, I, Doctor, I.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Windy Drive

City Shavertown	State PA	Zip Code 18708
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3076.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2019

Transaction ID : A2019-177275

Amount of Each Receipt this Period
192.31

Memo Item

B. Hammerman, Samuel, I, Doctor, I.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Windy Drive

City Shavertown	State PA	Zip Code 18708
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3269.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2019

Transaction ID : A2019-1959782

Amount of Each Receipt this Period
192.31

Memo Item

C. Hammerman, Samuel, I, Doctor, I.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Windy Drive

City Shavertown	State PA	Zip Code 18708
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3461.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2019

Transaction ID : A2019-2013562

Amount of Each Receipt this Period
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 214
	<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. Hammerman, Samuel, I, Doctor, I.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Windy Drive

City Shavertown	State PA	Zip Code 18708
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3653.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2019

Transaction ID : A2019-2395019

Amount of Each Receipt this Period
192.31

Memo Item

B. Hammerman, Samuel, I, Doctor, I.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Windy Drive

City Shavertown	State PA	Zip Code 18708
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3846.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2019

Transaction ID : A2019-2445652

Amount of Each Receipt this Period
192.31

Memo Item

C. Hammerman, Samuel, I, Doctor, I.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Windy Drive

City Shavertown	State PA	Zip Code 18708
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4038.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2019

Transaction ID : A2019-2463326

Amount of Each Receipt this Period
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 214
	<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. Hammerman, Samuel, I, Doctor, I.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Windy Drive

City Shavertown	State PA	Zip Code 18708
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4230.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2019

Transaction ID : A2019-2515732

Amount of Each Receipt this Period
192.31

Memo Item

B. Hammerman, Samuel, I, Doctor, I.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Windy Drive

City Shavertown	State PA	Zip Code 18708
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4423.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

Transaction ID : A2019-2700944

Amount of Each Receipt this Period
192.31

Memo Item

C. Hammerman, Samuel, I, Doctor, I.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Windy Drive

City Shavertown	State PA	Zip Code 18708
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4615.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2019

Transaction ID : A2019-2749339

Amount of Each Receipt this Period
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 214
	<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. Hammerman, Samuel, I, Doctor, I.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Windy Drive

City Shavertown	State PA	Zip Code 18708
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4807.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2019

Transaction ID : A2019-3119601

Amount of Each Receipt this Period
192.31

Memo Item

B. Hammerman, Samuel, I, Doctor, I.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Windy Drive

City Shavertown	State PA	Zip Code 18708
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2019

Transaction ID : A2019-3119659

Amount of Each Receipt this Period
192.25

Memo Item

C. Hedeman, Robin, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 W Main St PO 194

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2019

Transaction ID : A2019-1512398

Amount of Each Receipt this Period
19.24

Memo Item

SUBTOTAL of Receipts This Page (optional).....	403.80
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 69 OF 214
	<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. Hedeman, Robin, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 W Main St PO 194
 City Brookside State NJ Zip Code 07926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt **07 / 26 / 2019**
Transaction ID : A2019-1676329
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Hedeman, Robin, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 W Main St PO 194
 City Brookside State NJ Zip Code 07926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt **08 / 09 / 2019**
Transaction ID : A2019-1772262
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Hedeman, Robin, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 W Main St PO 194
 City Brookside State NJ Zip Code 07926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt **08 / 23 / 2019**
Transaction ID : A2019-1959769
 Amount of Each Receipt this Period 19.24
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 214
	<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. Hedeman, Robin, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 W Main St PO 194
 City Brookside State NJ Zip Code 07926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2019
Transaction ID : A2019-2013549
 Amount of Each Receipt this Period
 19.24
 Memo Item

B. Hedeman, Robin, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 W Main St PO 194
 City Brookside State NJ Zip Code 07926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2019
Transaction ID : A2019-2395006
 Amount of Each Receipt this Period
 19.24
 Memo Item

C. Hedeman, Robin, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 W Main St PO 194
 City Brookside State NJ Zip Code 07926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2019
Transaction ID : A2019-2445639
 Amount of Each Receipt this Period
 19.24
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 214
	<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. Hedeman, Robin, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 W Main St PO 194
 City Brookside State NJ Zip Code 07926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt 10 / 18 / 2019
Transaction ID : A2019-2463313
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Hedeman, Robin, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 W Main St PO 194
 City Brookside State NJ Zip Code 07926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt 11 / 01 / 2019
Transaction ID : A2019-2515719
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Hedeman, Robin, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 W Main St PO 194
 City Brookside State NJ Zip Code 07926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 442.52

Date of Receipt 11 / 15 / 2019
Transaction ID : A2019-2700931
 Amount of Each Receipt this Period 19.24
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Hedeman, Robin, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 W Main St PO 194

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2019

Transaction ID : A2019-2749326

Amount of Each Receipt this Period
19.24

Memo Item

B. Hedeman, Robin, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 W Main St PO 194

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
481.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2019

Transaction ID : A2019-3119588

Amount of Each Receipt this Period
19.24

Memo Item

C. Hedeman, Robin, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 W Main St PO 194

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2019

Transaction ID : A2019-3119646

Amount of Each Receipt this Period
19.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 214
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jackson, Martin, F, Mr.,

Mailing Address 116 Ellesmere Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2692.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2019

Transaction ID : A2019-1512379

Amount of Each Receipt this Period
192.31

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jackson, Martin, F, Mr.,

Mailing Address 116 Ellesmere Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2019

Transaction ID : A2019-1676311

Amount of Each Receipt this Period
192.31

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jackson, Martin, F, Mr.,

Mailing Address 116 Ellesmere Lane

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3076.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2019

Transaction ID : A2019-1772244

Amount of Each Receipt this Period
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Jackson, Martin, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 Ellesmere Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3269.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2019

Transaction ID : A2019-1959751

Amount of Each Receipt this Period
192.31

Memo Item

B. Jackson, Martin, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 Ellesmere Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3461.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2019

Transaction ID : A2019-2013531

Amount of Each Receipt this Period
192.31

Memo Item

C. Jackson, Martin, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 Ellesmere Lane

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3653.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2019

Transaction ID : A2019-2394987

Amount of Each Receipt this Period
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Jackson, Martin, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Ellesmere Lane
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.20

Date of Receipt 10 / 04 / 2019
Transaction ID : A2019-2445620
 Amount of Each Receipt this Period 192.31
 Memo Item

B. Jackson, Martin, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Ellesmere Lane
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4038.51

Date of Receipt 10 / 18 / 2019
Transaction ID : A2019-2463294
 Amount of Each Receipt this Period 192.31
 Memo Item

C. Jackson, Martin, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Ellesmere Lane
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4230.82

Date of Receipt 11 / 01 / 2019
Transaction ID : A2019-2515742
 Amount of Each Receipt this Period 192.31
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Jackson, Martin, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Ellesmere Lane
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4423.13

Date of Receipt 11 / 15 / 2019
Transaction ID : A2019-2700912
 Amount of Each Receipt this Period 192.31
 Memo Item

B. Jackson, Martin, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Ellesmere Lane
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4615.44

Date of Receipt 11 / 29 / 2019
Transaction ID : A2019-2749349
 Amount of Each Receipt this Period 192.31
 Memo Item

C. Jackson, Martin, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Ellesmere Lane
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4807.75

Date of Receipt 12 / 13 / 2019
Transaction ID : A2019-3119569
 Amount of Each Receipt this Period 192.31
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Jackson, Martin, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 Ellesmere Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2019

Transaction ID : A2019-3119627

Amount of Each Receipt this Period
192.25

Memo Item

B. James, Stephanie, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 740 Parkins Mill Rd.

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1615.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2019

Transaction ID : A2019-1512406

Amount of Each Receipt this Period
115.39

Memo Item

C. James, Stephanie, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 740 Parkins Mill Rd.

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1730.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2019

Transaction ID : A2019-1676337

Amount of Each Receipt this Period
115.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	423.03
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. James, Stephanie, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 740 Parkins Mill Rd.

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1846.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2019

Transaction ID : A2019-1772270

Amount of Each Receipt this Period
115.39

Memo Item

B. James, Stephanie, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 740 Parkins Mill Rd.

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1961.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2019

Transaction ID : A2019-1959777

Amount of Each Receipt this Period
115.39

Memo Item

C. James, Stephanie, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 740 Parkins Mill Rd.

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2019

Transaction ID : A2019-2013557

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 214
	<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. James, Stephanie, R, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 Parkins Mill Rd.
 City Greenville State SC Zip Code 29607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt **09 / 20 / 2019**
Transaction ID : A2019-2395014
 Amount of Each Receipt this Period 115.39
 Memo Item

B. James, Stephanie, R, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 Parkins Mill Rd.
 City Greenville State SC Zip Code 29607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt **10 / 04 / 2019**
Transaction ID : A2019-2445647
 Amount of Each Receipt this Period 115.39
 Memo Item

C. James, Stephanie, R, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 Parkins Mill Rd.
 City Greenville State SC Zip Code 29607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt **10 / 18 / 2019**
Transaction ID : A2019-2463321
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. James, Stephanie, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 740 Parkins Mill Rd.

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2019

Transaction ID : A2019-2515727

Amount of Each Receipt this Period

115.39

 Memo Item

B. James, Stephanie, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 740 Parkins Mill Rd.

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2653.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

Transaction ID : A2019-2700939

Amount of Each Receipt this Period

115.39

 Memo Item

C. James, Stephanie, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 740 Parkins Mill Rd.

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2769.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2019

Transaction ID : A2019-2749334

Amount of Each Receipt this Period

115.39

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 214
	<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. James, Stephanie, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 740 Parkins Mill Rd.

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2019

Transaction ID : A2019-3119596

Amount of Each Receipt this Period
115.39

Memo Item

B. James, Stephanie, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 740 Parkins Mill Rd.

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2019

Transaction ID : A2019-3119654

Amount of Each Receipt this Period
115.25

Memo Item

C. Key, David, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1750 Eliza Way

City Mechanicsburg	State PA	Zip Code 17050
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2019

Transaction ID : A2019-1512396

Amount of Each Receipt this Period
76.93

Memo Item

SUBTOTAL of Receipts This Page (optional).....	307.57
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 82 OF 214
	<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. Key, David, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1750 Eliza Way

City Mechanicsburg	State PA	Zip Code 17050
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1153.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2019

Transaction ID : A2019-1676327

Amount of Each Receipt this Period
76.93

Memo Item

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

Mailing Address 1750 Eliza Way

City Mechanicsburg	State PA	Zip Code 17050
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1230.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2019

Transaction ID : A2019-1772260

Amount of Each Receipt this Period
76.93

Memo Item

C. Key, David, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1750 Eliza Way

City Mechanicsburg	State PA	Zip Code 17050
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1307.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2019

Transaction ID : A2019-1959767

Amount of Each Receipt this Period
76.93

Memo Item

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 83 OF 214
	<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. Key, David, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1750 Eliza Way
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1384.74

Date of Receipt 09 / 06 / 2019
Transaction ID : A2019-2013547
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Key, David, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1750 Eliza Way
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1461.67

Date of Receipt 09 / 20 / 2019
Transaction ID : A2019-2395003
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Key, David, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1750 Eliza Way
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1538.60

Date of Receipt 10 / 04 / 2019
Transaction ID : A2019-2445636
 Amount of Each Receipt this Period 76.93
 Memo Item

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 84 OF 214
	<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. Key, David, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1750 Eliza Way

City Mechanicsburg	State PA	Zip Code 17050
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1615.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2019

Transaction ID : A2019-2463310

Amount of Each Receipt this Period
76.93

Memo Item

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

Mailing Address 1750 Eliza Way

City Mechanicsburg	State PA	Zip Code 17050
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2019

Transaction ID : A2019-2515716

Amount of Each Receipt this Period
76.93

Memo Item

C. Key, David, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1750 Eliza Way

City Mechanicsburg	State PA	Zip Code 17050
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1769.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

Transaction ID : A2019-270928

Amount of Each Receipt this Period
76.93

Memo Item

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 85 OF 214
	<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. Key, David, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1750 Eliza Way

City Mechanicsburg	State PA	Zip Code 17050
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1846.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2019

Transaction ID : A2019-2749323

Amount of Each Receipt this Period
76.93

Memo Item

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

Mailing Address 1750 Eliza Way

City Mechanicsburg	State PA	Zip Code 17050
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1923.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2019

Transaction ID : A2019-3119585

Amount of Each Receipt this Period
76.93

Memo Item

C. Key, David, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1750 Eliza Way

City Mechanicsburg	State PA	Zip Code 17050
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.18

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2019

Transaction ID : A2019-3119643

Amount of Each Receipt this Period
76.93

Memo Item

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 86 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Kida, Sue, A, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 89 Powder Mill Road
 City Morris Plains State NJ Zip Code 07950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **09 / 23 / 2019**
Transaction ID : A2019-2213583
 Amount of Each Receipt this Period 3000.00
 Memo Item

B. Kurmakov, Aleksey, N, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2409 W Bayberry Dr
 City Harrisburg State PA Zip Code 17112-1040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt **07 / 12 / 2019**
Transaction ID : A2019-1512381
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Kurmakov, Aleksey, N, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2409 W Bayberry Dr
 City Harrisburg State PA Zip Code 17112-1040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt **07 / 26 / 2019**
Transaction ID : A2019-1676313
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3230.78
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 214
	<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. Kurmakov, Aleksey, N, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2409 W Bayberry Dr
 City Harrisburg State PA Zip Code 17112-1040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt 08 / 09 / 2019
Transaction ID : A2019-1772246
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Kurmakov, Aleksey, N, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2409 W Bayberry Dr
 City Harrisburg State PA Zip Code 17112-1040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt 08 / 23 / 2019
Transaction ID : A2019-1959753
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Kurmakov, Aleksey, N, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2409 W Bayberry Dr
 City Harrisburg State PA Zip Code 17112-1040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 09 / 06 / 2019
Transaction ID : A2019-2013533
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 88 OF 214
	(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. Kurmakov, Aleksey, N, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2409 W Bayberry Dr
 City Harrisburg State PA Zip Code 17112-1040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt **09 / 20 / 2019**
Transaction ID : A2019-2394989
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Kurmakov, Aleksey, N, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2409 W Bayberry Dr
 City Harrisburg State PA Zip Code 17112-1040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt **10 / 04 / 2019**
Transaction ID : A2019-2445622
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Kurmakov, Aleksey, N, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2409 W Bayberry Dr
 City Harrisburg State PA Zip Code 17112-1040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt **10 / 18 / 2019**
Transaction ID : A2019-2463296
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 89 OF 214
	(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. Kurmakov, Aleksey, N, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2409 W Bayberry Dr
 City Harrisburg State PA Zip Code 17112-1040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 11 / 01 / 2019
Transaction ID : A2019-2515702
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Kurmakov, Aleksey, N, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2409 W Bayberry Dr
 City Harrisburg State PA Zip Code 17112-1040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 15 / 2019
Transaction ID : A2019-2700914
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Kurmakov, Aleksey, N, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2409 W Bayberry Dr
 City Harrisburg State PA Zip Code 17112-1040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt 11 / 29 / 2019
Transaction ID : A2019-2749351
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 OF 214
	(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. Kurmakov, Aleksey, N, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2409 W Bayberry Dr
 City Harrisburg State PA Zip Code 17112-1040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2019
Transaction ID : A2019-3119571
 Amount of Each Receipt this Period
 115.39
 Memo Item

B. Kurmakov, Aleksey, N, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2409 W Bayberry Dr
 City Harrisburg State PA Zip Code 17112-1040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2019
Transaction ID : A2019-3119629
 Amount of Each Receipt this Period
 115.25
 Memo Item

C. Lewandowski, Bernard, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Joseph Drive
 City Boiling Springs State PA Zip Code 17007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2019
Transaction ID : A2019-1512395
 Amount of Each Receipt this Period
 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 214
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lindley, Lauren, B, Ms.,

Mailing Address 36 Indian Bayou Drive

City Destin	State FL	Zip Code 32541
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2019

Transaction ID : A2019-1515716

Amount of Each Receipt this Period
38.47

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lindley, Lauren, B, Ms.,

Mailing Address 36 Indian Bayou Drive

City Destin	State FL	Zip Code 32541
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
577.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2019

Transaction ID : A2019-1661300

Amount of Each Receipt this Period
38.47

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lindley, Lauren, B, Ms.,

Mailing Address 36 Indian Bayou Drive

City Destin	State FL	Zip Code 32541
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2019

Transaction ID : A2019-1722990

Amount of Each Receipt this Period
38.47

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Lindley, Lauren, B, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 Indian Bayou Drive
 City Destin State FL Zip Code 32541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 653.99

Date of Receipt **08 / 16 / 2019**
Transaction ID : A2019-1946498
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Lindley, Lauren, B, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 Indian Bayou Drive
 City Destin State FL Zip Code 32541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt **08 / 30 / 2019**
Transaction ID : A2019-1987746
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Lindley, Lauren, B, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 Indian Bayou Drive
 City Destin State FL Zip Code 32541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 730.93

Date of Receipt **09 / 13 / 2019**
Transaction ID : A2019-2209805
 Amount of Each Receipt this Period 38.47
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Lindley, Lauren, B, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 Indian Bayou Drive

City Destin	State FL	Zip Code 32541
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2019

Transaction ID : A2019-2395027

Amount of Each Receipt this Period

38.47

 Memo Item

B. Lindley, Lauren, B, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 Indian Bayou Drive

City Destin	State FL	Zip Code 32541
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
807.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2019

Transaction ID : A2019-2445666

Amount of Each Receipt this Period

38.47

 Memo Item

C. Lindley, Lauren, B, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 Indian Bayou Drive

City Destin	State FL	Zip Code 32541
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
846.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2019

Transaction ID : A2019-2498124

Amount of Each Receipt this Period

38.47

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Lindley, Lauren, B, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 Indian Bayou Drive

City Destin	State FL	Zip Code 32541
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
884.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2019

Transaction ID : A2019-2620497

Amount of Each Receipt this Period
38.47

Memo Item

B. Lindley, Lauren, B, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 Indian Bayou Drive

City Destin	State FL	Zip Code 32541
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
923.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2019

Transaction ID : A2019-2713417

Amount of Each Receipt this Period
38.47

Memo Item

C. Lindley, Lauren, B, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 Indian Bayou Drive

City Destin	State FL	Zip Code 32541
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
961.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2019

Transaction ID : A2019-3120363

Amount of Each Receipt this Period
38.47

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Lindley, Lauren, B, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 Indian Bayou Drive
 City Destin State FL Zip Code 32541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.22

Date of Receipt **12 / 20 / 2019**
Transaction ID : A2019-3119621
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Malatesta, Michael, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4145 Serenity Street
 City Schwenksville State PA Zip Code 19473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt **07 / 12 / 2019**
Transaction ID : A2019-1512388
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Malatesta, Michael, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4145 Serenity Street
 City Schwenksville State PA Zip Code 19473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt **07 / 26 / 2019**
Transaction ID : A2019-1676320
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Malatesta, Michael, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4145 Serenity Street

City Schwenksville	State PA	Zip Code 19473
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1846.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2019

Transaction ID : A2019-1772253

Amount of Each Receipt this Period
115.39

Memo Item

B. Malatesta, Michael, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4145 Serenity Street

City Schwenksville	State PA	Zip Code 19473
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1961.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2019

Transaction ID : A2019-1959760

Amount of Each Receipt this Period
115.39

Memo Item

C. Malatesta, Michael, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4145 Serenity Street

City Schwenksville	State PA	Zip Code 19473
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2019

Transaction ID : A2019-2013540

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 97 OF 214
<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. Malatesta, Michael, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4145 Serenity Street

City Schwenksville	State PA	Zip Code 19473
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2192.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2019

Transaction ID : A2019-2394996

Amount of Each Receipt this Period
115.39

Memo Item

B. Malatesta, Michael, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4145 Serenity Street

City Schwenksville	State PA	Zip Code 19473
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2307.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2019

Transaction ID : A2019-2445629

Amount of Each Receipt this Period
115.39

Memo Item

C. Malatesta, Michael, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4145 Serenity Street

City Schwenksville	State PA	Zip Code 19473
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2423.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2019

Transaction ID : A2019-2463303

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Malatesta, Michael, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4145 Serenity Street

City Schwenksville	State PA	Zip Code 19473
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2019

Transaction ID : A2019-2515709

Amount of Each Receipt this Period

115.39

 Memo Item

B. Malatesta, Michael, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4145 Serenity Street

City Schwenksville	State PA	Zip Code 19473
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2653.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2019

Transaction ID : A2019-2700921

Amount of Each Receipt this Period

115.39

 Memo Item

C. Malatesta, Michael, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4145 Serenity Street

City Schwenksville	State PA	Zip Code 19473
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2769.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2019

Transaction ID : A2019-2749358

Amount of Each Receipt this Period

115.39

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Malatesta, Michael, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4145 Serenity Street

City Schwenksville	State PA	Zip Code 19473
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2019

Transaction ID : A2019-3119578

Amount of Each Receipt this Period
115.39

Memo Item

B. Malatesta, Michael, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4145 Serenity Street

City Schwenksville	State PA	Zip Code 19473
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2019

Transaction ID : A2019-3119636

Amount of Each Receipt this Period
115.25

Memo Item

C. Marshall, Christopher, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4966 Cline Hollow Road

City Export	State PA	Zip Code 15632
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1615.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2019

Transaction ID : A2019-1512383

Amount of Each Receipt this Period
115.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Marshall, Christopher, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4966 Cline Hollow Road

City Export	State PA	Zip Code 15632
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1730.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2019

Transaction ID : A2019-1676315

Amount of Each Receipt this Period
115.39

Memo Item

B. Marshall, Christopher, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4966 Cline Hollow Road

City Export	State PA	Zip Code 15632
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1846.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2019

Transaction ID : A2019-1772248

Amount of Each Receipt this Period
115.39

Memo Item

C. Marshall, Christopher, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4966 Cline Hollow Road

City Export	State PA	Zip Code 15632
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1961.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2019

Transaction ID : A2019-1959755

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Marshall, Christopher, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4966 Cline Hollow Road
 City Export State PA Zip Code 15632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 09 / 06 / 2019
Transaction ID : A2019-2013535
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Marshall, Christopher, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4966 Cline Hollow Road
 City Export State PA Zip Code 15632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt 09 / 20 / 2019
Transaction ID : A2019-2394991
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Marshall, Christopher, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4966 Cline Hollow Road
 City Export State PA Zip Code 15632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 04 / 2019
Transaction ID : A2019-2445624
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 102 OF 214
<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. Marshall, Christopher, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4966 Cline Hollow Road

City Export	State PA	Zip Code 15632
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2423.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2019

Transaction ID : A2019-2463298

Amount of Each Receipt this Period
115.39

Memo Item

B. Marshall, Christopher, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4966 Cline Hollow Road

City Export	State PA	Zip Code 15632
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2019

Transaction ID : A2019-2515704

Amount of Each Receipt this Period
115.39

Memo Item

C. Marshall, Christopher, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4966 Cline Hollow Road

City Export	State PA	Zip Code 15632
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2653.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2019

Transaction ID : A2019-2700916

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Marshall, Christopher, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4966 Cline Hollow Road

City Export	State PA	Zip Code 15632
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2769.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2019

Transaction ID : A2019-2749353

Amount of Each Receipt this Period
115.39

Memo Item

B. Marshall, Christopher, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4966 Cline Hollow Road

City Export	State PA	Zip Code 15632
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2019

Transaction ID : A2019-3119573

Amount of Each Receipt this Period
115.39

Memo Item

C. Marshall, Christopher, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4966 Cline Hollow Road

City Export	State PA	Zip Code 15632
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2019

Transaction ID : A2019-3119631

Amount of Each Receipt this Period
115.25

Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. McNulty, James, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 Woodside Avenue
 City Narberth State PA Zip Code 19072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 12 / 2019
Transaction ID : A2019-1512387
 Amount of Each Receipt this Period 115.39
 Memo Item

B. McNulty, James, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 Woodside Avenue
 City Narberth State PA Zip Code 19072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt 07 / 26 / 2019
Transaction ID : A2019-1676319
 Amount of Each Receipt this Period 115.39
 Memo Item

C. McNulty, James, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 Woodside Avenue
 City Narberth State PA Zip Code 19072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt 08 / 09 / 2019
Transaction ID : A2019-1772252
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 214
	<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. McNulty, James, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 Woodside Avenue

City Narberth	State PA	Zip Code 19072
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1961.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2019

Transaction ID : A2019-1959759

Amount of Each Receipt this Period
115.39

Memo Item

B. McNulty, James, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 Woodside Avenue

City Narberth	State PA	Zip Code 19072
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2019

Transaction ID : A2019-2013539

Amount of Each Receipt this Period
115.39

Memo Item

C. McNulty, James, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 Woodside Avenue

City Narberth	State PA	Zip Code 19072
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2192.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2019

Transaction ID : A2019-2394995

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 106 OF 214
<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. McNulty, James, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 Woodside Avenue

City Narberth	State PA	Zip Code 19072
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2307.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2019

Transaction ID : A2019-2445628

Amount of Each Receipt this Period
115.39

Memo Item

B. McNulty, James, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 Woodside Avenue

City Narberth	State PA	Zip Code 19072
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2423.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2019

Transaction ID : A2019-2463302

Amount of Each Receipt this Period
115.39

Memo Item

C. McNulty, James, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 Woodside Avenue

City Narberth	State PA	Zip Code 19072
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2019

Transaction ID : A2019-2515708

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. McNulty, James, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 Woodside Avenue

City Narberth	State PA	Zip Code 19072
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2653.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

Transaction ID : A2019-2700920

Amount of Each Receipt this Period
115.39

Memo Item

B. McNulty, James, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 Woodside Avenue

City Narberth	State PA	Zip Code 19072
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2769.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2019

Transaction ID : A2019-2749357

Amount of Each Receipt this Period
115.39

Memo Item

C. McNulty, James, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 Woodside Avenue

City Narberth	State PA	Zip Code 19072
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2884.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2019

Transaction ID : A2019-3119577

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 214
	<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. McNulty, James, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 Woodside Avenue
 City Narberth State PA Zip Code 19072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **12 / 27 / 2019**
Transaction ID : A2019-3119635
 Amount of Each Receipt this Period 115.25
 Memo Item

B. Mullin, Thomas, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 St James Court
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt **07 / 12 / 2019**
Transaction ID : A2019-1512400
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Mullin, Thomas, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 St James Court
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt **07 / 26 / 2019**
Transaction ID : A2019-1676331
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 214
	<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. Mullin, Thomas, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 St James Court
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt 08 / 09 / 2019
Transaction ID : A2019-1772264
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Mullin, Thomas, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 St James Court
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt 08 / 23 / 2019
Transaction ID : A2019-1959771
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Mullin, Thomas, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 St James Court
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 09 / 06 / 2019
Transaction ID : A2019-2013551
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mullin, Thomas, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 St James Court

City Mechanicsburg	State PA	Zip Code 17050
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2192.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2019

Transaction ID : A2019-2395008

Amount of Each Receipt this Period
115.39

Memo Item

B. Mullin, Thomas, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 St James Court

City Mechanicsburg	State PA	Zip Code 17050
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2307.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2019

Transaction ID : A2019-2445641

Amount of Each Receipt this Period
115.39

Memo Item

C. Mullin, Thomas, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 St James Court

City Mechanicsburg	State PA	Zip Code 17050
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2423.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2019

Transaction ID : A2019-2463315

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mullin, Thomas, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 St James Court

City Mechanicsburg	State PA	Zip Code 17050
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2019

Transaction ID : A2019-2515721

Amount of Each Receipt this Period

115.39

 Memo Item

B. Mullin, Thomas, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 St James Court

City Mechanicsburg	State PA	Zip Code 17050
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2653.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2019

Transaction ID : A2019-2700933

Amount of Each Receipt this Period

115.39

 Memo Item

C. Mullin, Thomas, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 St James Court

City Mechanicsburg	State PA	Zip Code 17050
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2769.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2019

Transaction ID : A2019-2749328

Amount of Each Receipt this Period

115.39

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mullin, Thomas, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 St James Court

City Mechanicsburg	State PA	Zip Code 17050
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2019

Transaction ID : A2019-3119590

Amount of Each Receipt this Period
115.39

Memo Item

B. Mullin, Thomas, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 St James Court

City Mechanicsburg	State PA	Zip Code 17050
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2019

Transaction ID : A2019-3119648

Amount of Each Receipt this Period
115.25

Memo Item

C. Mumma, Michael, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5782 Stillwell Court

City Harrisburg	State PA	Zip Code 17112
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2019

Transaction ID : A2019-1512393

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	269.11
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 113 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mumma, Michael, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5782 Stillwell Court

City Harrisburg	State PA	Zip Code 17112
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
577.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2019

Transaction ID : A2019-1676325

Amount of Each Receipt this Period
38.47

Memo Item

B. Mumma, Michael, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5782 Stillwell Court

City Harrisburg	State PA	Zip Code 17112
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2019

Transaction ID : A2019-1772258

Amount of Each Receipt this Period
38.47

Memo Item

C. Mumma, Michael, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5782 Stillwell Court

City Harrisburg	State PA	Zip Code 17112
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2019

Transaction ID : A2019-1959765

Amount of Each Receipt this Period
38.47

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mumma, Michael, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5782 Stillwell Court

City Harrisburg	State PA	Zip Code 17112
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2019

Transaction ID : A2019-2013545

Amount of Each Receipt this Period
38.47

Memo Item

B. Mumma, Michael, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5782 Stillwell Court

City Harrisburg	State PA	Zip Code 17112
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2019

Transaction ID : A2019-2395001

Amount of Each Receipt this Period
38.47

Memo Item

C. Mumma, Michael, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5782 Stillwell Court

City Harrisburg	State PA	Zip Code 17112
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2019

Transaction ID : A2019-2445634

Amount of Each Receipt this Period
38.47

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Mumma, Michael, J, Mr.,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2019
Mailing Address 5782 Stillwell Court			Transaction ID : A2019-2463308
City Harrisburg	State PA	Zip Code 17112	Amount of Each Receipt this Period 38.47
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 807.87		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mumma, Michael, J, Mr.,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2019
Mailing Address 5782 Stillwell Court			Transaction ID : A2019-2515714
City Harrisburg	State PA	Zip Code 17112	Amount of Each Receipt this Period 38.47
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 846.34		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mumma, Michael, J, Mr.,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2019
Mailing Address 5782 Stillwell Court			Transaction ID : A2019-270926
City Harrisburg	State PA	Zip Code 17112	Amount of Each Receipt this Period 38.47
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 884.81		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 116 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mumma, Michael, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5782 Stillwell Court

City Harrisburg	State PA	Zip Code 17112
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
923.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2019

Transaction ID : A2019-2749321

Amount of Each Receipt this Period
38.47

Memo Item

B. Mumma, Michael, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5782 Stillwell Court

City Harrisburg	State PA	Zip Code 17112
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
961.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2019

Transaction ID : A2019-3119583

Amount of Each Receipt this Period
38.47

Memo Item

C. Mumma, Michael, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5782 Stillwell Court

City Harrisburg	State PA	Zip Code 17112
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2019

Transaction ID : A2019-3119641

Amount of Each Receipt this Period
38.47

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Naselli Jr., Francis, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 655 North Heilbron Drive
 City Media State PA Zip Code 19063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 05 / 2019
Transaction ID : A2019-1515715
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Naselli Jr., Francis, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 655 North Heilbron Drive
 City Media State PA Zip Code 19063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt 07 / 19 / 2019
Transaction ID : A2019-1661299
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Naselli Jr., Francis, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 655 North Heilbron Drive
 City Media State PA Zip Code 19063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt 08 / 02 / 2019
Transaction ID : A2019-1722989
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Naselli Jr., Francis, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 655 North Heilbron Drive
 City Media State PA Zip Code 19063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt 08 / 16 / 2019
Transaction ID : A2019-1946497
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Naselli Jr., Francis, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 655 North Heilbron Drive
 City Media State PA Zip Code 19063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 08 / 30 / 2019
Transaction ID : A2019-1987745
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Naselli Jr., Francis, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 655 North Heilbron Drive
 City Media State PA Zip Code 19063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt 09 / 13 / 2019
Transaction ID : A2019-2209804
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 214
	<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. Naselli Jr., Francis, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 655 North Heilbron Drive

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2307.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2019

Transaction ID : A2019-2395029

Amount of Each Receipt this Period

115.39

 Memo Item

B. Naselli Jr., Francis, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 655 North Heilbron Drive

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2423.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2019

Transaction ID : A2019-2445665

Amount of Each Receipt this Period

115.39

 Memo Item

C. Naselli Jr., Francis, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 655 North Heilbron Drive

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2019

Transaction ID : A2019-2498123

Amount of Each Receipt this Period

115.39

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 214
	<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. Naselli Jr., Francis, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 655 North Heilbron Drive

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2653.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2019

Transaction ID : A2019-2620496

Amount of Each Receipt this Period
115.39

Memo Item

B. Naselli Jr., Francis, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 655 North Heilbron Drive

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2769.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2019

Transaction ID : A2019-2713416

Amount of Each Receipt this Period
115.39

Memo Item

C. Naselli Jr., Francis, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 655 North Heilbron Drive

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2884.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2019

Transaction ID : A2019-3120362

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 214
	<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. Naselli Jr., Francis, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 655 North Heilbron Drive

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2019

Transaction ID : A2019-3119620

Amount of Each Receipt this Period
115.25

Memo Item

B. Nichols, Gregory, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 Highpointe Ridge

City Prattville	State AL	Zip Code 36066
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2019

Transaction ID : A2019-1512402

Amount of Each Receipt this Period
76.93

Memo Item

C. Nichols, Gregory, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 Highpointe Ridge

City Prattville	State AL	Zip Code 36066
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1153.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2019

Transaction ID : A2019-1676333

Amount of Each Receipt this Period
76.93

Memo Item

SUBTOTAL of Receipts This Page (optional).....	269.11
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 122 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Nichols, Gregory, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 Highpointe Ridge

City Prattville	State AL	Zip Code 36066
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1230.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2019

Transaction ID : A2019-1772266

Amount of Each Receipt this Period
76.93

Memo Item

B. Nichols, Gregory, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 Highpointe Ridge

City Prattville	State AL	Zip Code 36066
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1307.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2019

Transaction ID : A2019-1959773

Amount of Each Receipt this Period
76.93

Memo Item

C. Nichols, Gregory, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 Highpointe Ridge

City Prattville	State AL	Zip Code 36066
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1384.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2019

Transaction ID : A2019-2013553

Amount of Each Receipt this Period
76.93

Memo Item

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 123 OF 214
	<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. Nichols, Gregory, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 Highpointe Ridge

City Prattville	State AL	Zip Code 36066
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1461.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2019

Transaction ID : A2019-2395010

Amount of Each Receipt this Period
76.93

Memo Item

B. Nichols, Gregory, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 Highpointe Ridge

City Prattville	State AL	Zip Code 36066
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1538.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2019

Transaction ID : A2019-2445643

Amount of Each Receipt this Period
76.93

Memo Item

C. Nichols, Gregory, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 Highpointe Ridge

City Prattville	State AL	Zip Code 36066
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1615.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2019

Transaction ID : A2019-2463317

Amount of Each Receipt this Period
76.93

Memo Item

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 124 OF 214
	<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. Nichols, Gregory, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 Highpointe Ridge

City Prattville	State AL	Zip Code 36066
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2019

Transaction ID : A2019-2515723

Amount of Each Receipt this Period
76.93

Memo Item

B. Nichols, Gregory, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 Highpointe Ridge

City Prattville	State AL	Zip Code 36066
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1769.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

Transaction ID : A2019-2700935

Amount of Each Receipt this Period
76.93

Memo Item

C. Nichols, Gregory, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 Highpointe Ridge

City Prattville	State AL	Zip Code 36066
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1846.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2019

Transaction ID : A2019-2749330

Amount of Each Receipt this Period
76.93

Memo Item

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 125 OF 214
	<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. Nichols, Gregory, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 Highpointe Ridge

City Prattville	State AL	Zip Code 36066
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1923.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2019

Transaction ID : A2019-3119592

Amount of Each Receipt this Period
76.93

Memo Item

B. Nichols, Gregory, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 Highpointe Ridge

City Prattville	State AL	Zip Code 36066
--------------------	-------------	-------------------

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

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

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
12		27		2019

Transaction ID : A2019-3119650

Amount of Each Receipt this Period
76.75

Memo Item

C. Noro, Sharon, A, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 3rd St

City Aspinwall	State PA	Zip Code 15215-2904
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1615.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2019

Transaction ID : A2019-1512405

Amount of Each Receipt this Period
115.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....	269.07
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 126 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Noro, Sharon, A, Mrs.,		Date of Receipt MM / DD / YYYY 07 / 26 / 2019 Transaction ID : A2019-1676336
Mailing Address 24 3rd St		Amount of Each Receipt this Period 115.39
City Aspinwall	State PA	Zip Code 15215-2904
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.85	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Noro, Sharon, A, Mrs.,		Date of Receipt MM / DD / YYYY 08 / 09 / 2019 Transaction ID : A2019-1772269
Mailing Address 24 3rd St		Amount of Each Receipt this Period 115.39
City Aspinwall	State PA	Zip Code 15215-2904
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1846.24	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Noro, Sharon, A, Mrs.,		Date of Receipt MM / DD / YYYY 08 / 23 / 2019 Transaction ID : A2019-1959776
Mailing Address 24 3rd St		Amount of Each Receipt this Period 115.39
City Aspinwall	State PA	Zip Code 15215-2904
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1961.63	

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 127 OF 214
	<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. Noro, Sharon, A, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 3rd St

City Aspinwall	State PA	Zip Code 15215-2904
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2077.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		06		2019

Transaction ID : A2019-2013556

Amount of Each Receipt this Period
115.39

Memo Item

B. Noro, Sharon, A, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 3rd St

City Aspinwall	State PA	Zip Code 15215-2904
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2192.41

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		20		2019

Transaction ID : A2019-2395013

Amount of Each Receipt this Period
115.39

Memo Item

C. Noro, Sharon, A, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 3rd St

City Aspinwall	State PA	Zip Code 15215-2904
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2307.80

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		04		2019

Transaction ID : A2019-2445646

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 214
	<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. Noro, Sharon, A, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 3rd St
 City Aspinwall State PA Zip Code 15215-2904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 18 / 2019
Transaction ID : A2019-2463320
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Noro, Sharon, A, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 3rd St
 City Aspinwall State PA Zip Code 15215-2904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 11 / 01 / 2019
Transaction ID : A2019-2515726
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Noro, Sharon, A, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 3rd St
 City Aspinwall State PA Zip Code 15215-2904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 15 / 2019
Transaction ID : A2019-2700938
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 214
	<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. Noro, Sharon, A, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 3rd St

City Aspinwall	State PA	Zip Code 15215-2904
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2769.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2019

Transaction ID : A2019-2749333

Amount of Each Receipt this Period
115.39

Memo Item

B. Noro, Sharon, A, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 3rd St

City Aspinwall	State PA	Zip Code 15215-2904
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2019

Transaction ID : A2019-3119595

Amount of Each Receipt this Period
115.39

Memo Item

C. Noro, Sharon, A, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 3rd St

City Aspinwall	State PA	Zip Code 15215-2904
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2019

Transaction ID : A2019-3119653

Amount of Each Receipt this Period
115.25

Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 130 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ortenzio, Robert, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1716 Olmsted Way East
 City Camp Hill State PA Zip Code 17011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **09 / 23 / 2019**
Transaction ID : A2019-2213581
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Ortenzio, Rocco, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Westwind Dr
 City Lemoyne State PA Zip Code 17043-1234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2692.34

Date of Receipt **07 / 12 / 2019**
Transaction ID : A2019-1512416
 Amount of Each Receipt this Period 192.31
 Memo Item

C. Ortenzio, Rocco, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Westwind Dr
 City Lemoyne State PA Zip Code 17043-1234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.65

Date of Receipt **07 / 26 / 2019**
Transaction ID : A2019-1676309
 Amount of Each Receipt this Period 192.31
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5384.62
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 131 OF 214
	<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. Ortenzio, Rocco, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Westwind Dr
 City Lemoyne State PA Zip Code 17043-1234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3076.96

Date of Receipt 08 / 09 / 2019
Transaction ID : A2019-177242
 Amount of Each Receipt this Period 192.31
 Memo Item

B. Ortenzio, Rocco, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Westwind Dr
 City Lemoyne State PA Zip Code 17043-1234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3269.27

Date of Receipt 08 / 23 / 2019
Transaction ID : A2019-1959749
 Amount of Each Receipt this Period 192.31
 Memo Item

C. Ortenzio, Rocco, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Westwind Dr
 City Lemoyne State PA Zip Code 17043-1234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.58

Date of Receipt 09 / 06 / 2019
Transaction ID : A2019-2013529
 Amount of Each Receipt this Period 192.31
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ortenzio, Rocco, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Westwind Dr
 City Lemoyne State PA Zip Code 17043-1234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3653.89

Date of Receipt **09 / 20 / 2019**
Transaction ID : A2019-2394985
 Amount of Each Receipt this Period 192.31
 Memo Item

B. Ortenzio, Rocco, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Westwind Dr
 City Lemoyne State PA Zip Code 17043-1234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.20

Date of Receipt **10 / 04 / 2019**
Transaction ID : A2019-2445618
 Amount of Each Receipt this Period 192.31
 Memo Item

C. Ortenzio, Rocco, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Westwind Dr
 City Lemoyne State PA Zip Code 17043-1234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4038.51

Date of Receipt **10 / 18 / 2019**
Transaction ID : A2019-2463291
 Amount of Each Receipt this Period 192.31
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ortenzio, Rocco, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Westwind Dr
 City Lemoyne State PA Zip Code 17043-1234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.82

Date of Receipt **11 / 01 / 2019**
Transaction ID : A2019-2515739
 Amount of Each Receipt this Period 192.31
 Memo Item

B. Ortenzio, Rocco, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Westwind Dr
 City Lemoyne State PA Zip Code 17043-1234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4423.13

Date of Receipt **11 / 15 / 2019**
Transaction ID : A2019-2700909
 Amount of Each Receipt this Period 192.31
 Memo Item

C. Ortenzio, Rocco, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Westwind Dr
 City Lemoyne State PA Zip Code 17043-1234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4615.44

Date of Receipt **11 / 29 / 2019**
Transaction ID : A2019-2749346
 Amount of Each Receipt this Period 192.31
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 214
	<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. Ortenzio, Rocco, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Westwind Dr
 City Lemoyne State PA Zip Code 17043-1234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4807.75

Date of Receipt 12 / 13 / 2019
Transaction ID : A2019-3119566
 Amount of Each Receipt this Period 192.31
 Memo Item

B. Ortenzio, Rocco, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Westwind Dr
 City Lemoyne State PA Zip Code 17043-1234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 27 / 2019
Transaction ID : A2019-3119624
 Amount of Each Receipt this Period 192.25
 Memo Item

C. Pegler, William, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21723 E Rowland Cir
 City Aurora State CO Zip Code 80016-3608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 12 / 2019
Transaction ID : A2019-1512415
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	499.95
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 135 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Pegler, William, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21723 E Rowland Cir
 City Aurora State CO Zip Code 80016-3608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt **07 / 26 / 2019**
Transaction ID : A2019-1676346
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Pegler, William, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21723 E Rowland Cir
 City Aurora State CO Zip Code 80016-3608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt **08 / 09 / 2019**
Transaction ID : A2019-1772279
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Pegler, William, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21723 E Rowland Cir
 City Aurora State CO Zip Code 80016-3608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt **08 / 23 / 2019**
Transaction ID : A2019-1959786
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 214
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Pegler, William, L, Mr.,		Date of Receipt MM / DD / YYYY 09 / 06 / 2019 Transaction ID : A2019-2013566
Mailing Address 21723 E Rowland Cir		Amount of Each Receipt this Period 115.39
City Aurora	State CO	Zip Code 80016-3608
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2077.02	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pegler, William, L, Mr.,		Date of Receipt MM / DD / YYYY 09 / 20 / 2019 Transaction ID : A2019-2395023
Mailing Address 21723 E Rowland Cir		Amount of Each Receipt this Period 115.39
City Aurora	State CO	Zip Code 80016-3608
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2192.41	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Pegler, William, L, Mr.,		Date of Receipt MM / DD / YYYY 10 / 04 / 2019 Transaction ID : A2019-2445656
Mailing Address 21723 E Rowland Cir		Amount of Each Receipt this Period 115.39
City Aurora	State CO	Zip Code 80016-3608
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2307.80	

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 137 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Pegler, William, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21723 E Rowland Cir
 City Aurora State CO Zip Code 80016-3608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 18 / 2019
Transaction ID : A2019-2463330
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Pegler, William, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21723 E Rowland Cir
 City Aurora State CO Zip Code 80016-3608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 11 / 01 / 2019
Transaction ID : A2019-2515736
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Pegler, William, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21723 E Rowland Cir
 City Aurora State CO Zip Code 80016-3608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 15 / 2019
Transaction ID : A2019-2700948
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 214
	<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. Pegler, William, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21723 E Rowland Cir
 City Aurora State CO Zip Code 80016-3608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt
 11 / 29 / 2019
Transaction ID : A2019-2749343
 Amount of Each Receipt this Period
 115.39
 Memo Item

B. Pegler, William, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21723 E Rowland Cir
 City Aurora State CO Zip Code 80016-3608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt
 12 / 13 / 2019
Transaction ID : A2019-3119605
 Amount of Each Receipt this Period
 115.39
 Memo Item

C. Pegler, William, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21723 E Rowland Cir
 City Aurora State CO Zip Code 80016-3608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 12 / 27 / 2019
Transaction ID : A2019-3119663
 Amount of Each Receipt this Period
 115.25
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Pennacchia, Raymond, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Cold Spring Lane

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1615.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2019

Transaction ID : A2019-1512386

Amount of Each Receipt this Period
115.39

Memo Item

B. Pennacchia, Raymond, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Cold Spring Lane

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1730.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2019

Transaction ID : A2019-1676318

Amount of Each Receipt this Period
115.39

Memo Item

C. Pennacchia, Raymond, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Cold Spring Lane

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1846.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2019

Transaction ID : A2019-1772251

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 214
	<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. Pennacchia, Raymond, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Cold Spring Lane

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1961.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2019

Transaction ID : A2019-1959758

Amount of Each Receipt this Period
115.39

Memo Item

B. Pennacchia, Raymond, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Cold Spring Lane

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2019

Transaction ID : A2019-2013538

Amount of Each Receipt this Period
115.39

Memo Item

C. Pennacchia, Raymond, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Cold Spring Lane

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2192.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2019

Transaction ID : A2019-2394994

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 214
	<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. Pennacchia, Raymond, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Cold Spring Lane

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2307.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2019

Transaction ID : A2019-2445627

Amount of Each Receipt this Period
115.39

Memo Item

B. Pennacchia, Raymond, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Cold Spring Lane

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2423.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2019

Transaction ID : A2019-2463301

Amount of Each Receipt this Period
115.39

Memo Item

C. Pennacchia, Raymond, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Cold Spring Lane

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2019

Transaction ID : A2019-2515707

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Pennacchia, Raymond, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Cold Spring Lane

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2653.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

Transaction ID : A2019-2700919

Amount of Each Receipt this Period
115.39

Memo Item

B. Pennacchia, Raymond, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Cold Spring Lane

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2769.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2019

Transaction ID : A2019-2749356

Amount of Each Receipt this Period
115.39

Memo Item

C. Pennacchia, Raymond, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Cold Spring Lane

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2884.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2019

Transaction ID : A2019-3119576

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Pennacchia, Raymond, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 6 Cold Spring Lane

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2019

Transaction ID : A2019-3119634

Amount of Each Receipt this Period
115.25

Memo Item

B. Polo, Fabian, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 7915 Glade Hill Ct

City Dallas	State TX	Zip Code 75218
----------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) CEO/Administrator
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2019

Transaction ID : A2019-1512412

Amount of Each Receipt this Period
38.47

Memo Item

C. Polo, Fabian, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 7915 Glade Hill Ct

City Dallas	State TX	Zip Code 75218
----------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) CEO/Administrator
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
577.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2019

Transaction ID : A2019-1676343

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	192.19
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 144 OF 214
	<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. Polo, Fabian, E, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7915 Glade Hill Ct
 City Dallas State TX Zip Code 75218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) CEO/Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 615.52

Date of Receipt **08 / 09 / 2019**
Transaction ID : A2019-177276
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Polo, Fabian, E, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7915 Glade Hill Ct
 City Dallas State TX Zip Code 75218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) CEO/Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 653.99

Date of Receipt **08 / 23 / 2019**
Transaction ID : A2019-1959783
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Polo, Fabian, E, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7915 Glade Hill Ct
 City Dallas State TX Zip Code 75218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) CEO/Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt **09 / 06 / 2019**
Transaction ID : A2019-2013563
 Amount of Each Receipt this Period 38.47
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Polo, Fabian, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7915 Glade Hill Ct

City Dallas	State TX	Zip Code 75218
----------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) CEO/Administrator
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2019

Transaction ID : A2019-2395020

Amount of Each Receipt this Period

38.47

 Memo Item

B. Polo, Fabian, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7915 Glade Hill Ct

City Dallas	State TX	Zip Code 75218
----------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) CEO/Administrator
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2019

Transaction ID : A2019-2445653

Amount of Each Receipt this Period

38.47

 Memo Item

C. Polo, Fabian, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7915 Glade Hill Ct

City Dallas	State TX	Zip Code 75218
----------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) CEO/Administrator
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
807.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2019

Transaction ID : A2019-2463327

Amount of Each Receipt this Period

38.47

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 146 OF 214
<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. Polo, Fabian, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7915 Glade Hill Ct

City Dallas	State TX	Zip Code 75218
----------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) CEO/Administrator
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
846.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2019

Transaction ID : A2019-2515733

Amount of Each Receipt this Period

38.47

 Memo Item

B. Polo, Fabian, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7915 Glade Hill Ct

City Dallas	State TX	Zip Code 75218
----------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) CEO/Administrator
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
884.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

Transaction ID : A2019-2700945

Amount of Each Receipt this Period

38.47

 Memo Item

C. Polo, Fabian, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7915 Glade Hill Ct

City Dallas	State TX	Zip Code 75218
----------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) CEO/Administrator
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
923.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2019

Transaction ID : A2019-2749340

Amount of Each Receipt this Period

38.47

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 214
	<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. Polo, Fabian, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7915 Glade Hill Ct

City Dallas	State TX	Zip Code 75218
----------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) CEO/Administrator
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
961.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2019

Transaction ID : A2019-3119602

Amount of Each Receipt this Period
38.47

Memo Item

B. Polo, Fabian, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7915 Glade Hill Ct

City Dallas	State TX	Zip Code 75218
----------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) CEO/Administrator
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2019

Transaction ID : A2019-3119660

Amount of Each Receipt this Period
38.47

Memo Item

C. Pomeranz, Bruce, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108 Knickerbocker Road

City Tenafly	State NJ	Zip Code 07670
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2019

Transaction ID : A2019-2445638

Amount of Each Receipt this Period
115.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....	192.33
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 148 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Pomeranz, Bruce, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Knickerbocker Road
 City Tenafly State NJ Zip Code 07670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt 10 / 18 / 2019
Transaction ID : A2019-2463312
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Pomeranz, Bruce, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Knickerbocker Road
 City Tenafly State NJ Zip Code 07670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 11 / 01 / 2019
Transaction ID : A2019-2515718
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Pomeranz, Bruce, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Knickerbocker Road
 City Tenafly State NJ Zip Code 07670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt 11 / 15 / 2019
Transaction ID : A2019-2700930
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 214
	<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. Pomeranz, Bruce, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Knickerbocker Road
 City Tenafly State NJ Zip Code 07670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt 11 / 29 / 2019
Transaction ID : A2019-2749325
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Pomeranz, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4714 Gettysburg Rd
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt 12 / 27 / 2019
Transaction ID : A2019-3119645
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Rhodes, Chandelle, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20528 Lagoon Drive
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 538.58

Date of Receipt 07 / 12 / 2019
Transaction ID : A2019-1512401
 Amount of Each Receipt this Period 38.47
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 214
	<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. Rhodes, Chandelle, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20528 Lagoona Drive
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 26 / 2019
Transaction ID : A2019-1676332
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Rhodes, Chandelle, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20528 Lagoona Drive
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 615.52

Date of Receipt 08 / 09 / 2019
Transaction ID : A2019-1772265
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Rhodes, Chandelle, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20528 Lagoona Drive
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 653.99

Date of Receipt 08 / 23 / 2019
Transaction ID : A2019-1959772
 Amount of Each Receipt this Period 38.47
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 214
	<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. Rhodes, Chandelle, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20528 Lagoona Drive
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt **09 / 06 / 2019**
Transaction ID : A2019-2013552
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Rhodes, Chandelle, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20528 Lagoona Drive
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 730.93

Date of Receipt **09 / 20 / 2019**
Transaction ID : A2019-2395009
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Rhodes, Chandelle, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20528 Lagoona Drive
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt **10 / 04 / 2019**
Transaction ID : A2019-2445642
 Amount of Each Receipt this Period 38.47
 Memo Item

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 214
	<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. Rhodes, Chandelle, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20528 Lagoona Drive
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 807.87

Date of Receipt **10 / 18 / 2019**
Transaction ID : A2019-2463316
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Rhodes, Chandelle, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20528 Lagoona Drive
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.34

Date of Receipt **11 / 01 / 2019**
Transaction ID : A2019-2515722
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Rhodes, Chandelle, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20528 Lagoona Drive
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 884.81

Date of Receipt **11 / 15 / 2019**
Transaction ID : A2019-2700934
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 115.41
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 214
	<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. Rhodes, Chandelle, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20528 Lagoona Drive
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 923.28

Date of Receipt **11 / 29 / 2019**
Transaction ID : A2019-2749329
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Rhodes, Chandelle, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20528 Lagoona Drive
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.75

Date of Receipt **12 / 13 / 2019**
Transaction ID : A2019-3119591
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Rhodes, Chandelle, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20528 Lagoona Drive
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.22

Date of Receipt **12 / 27 / 2019**
Transaction ID : A2019-3119649
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Romberger, Scott, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 440 Boyer St
 City Halifax State PA Zip Code 17032-9017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **09 / 26 / 2019**
Transaction ID : A2019-2224645
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Rusignuolo, Brian, R, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1339 Sconsett Way
 City New Cumberland State PA Zip Code 17070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2692.34

Date of Receipt **07 / 12 / 2019**
Transaction ID : A2019-1512390
 Amount of Each Receipt this Period 192.31
 Memo Item

C. Rusignuolo, Brian, R, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1339 Sconsett Way
 City New Cumberland State PA Zip Code 17070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.65

Date of Receipt **07 / 26 / 2019**
Transaction ID : A2019-1676322
 Amount of Each Receipt this Period 192.31
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5384.62
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 155 OF 214
	<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. Rusignuolo, Brian, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1339 Sconsett Way

City New Cumberland	State PA	Zip Code 17070
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3076.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2019

Transaction ID : A2019-1772255

Amount of Each Receipt this Period
192.31

Memo Item

B. Rusignuolo, Brian, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1339 Sconsett Way

City New Cumberland	State PA	Zip Code 17070
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3269.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2019

Transaction ID : A2019-1959762

Amount of Each Receipt this Period
192.31

Memo Item

C. Rusignuolo, Brian, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1339 Sconsett Way

City New Cumberland	State PA	Zip Code 17070
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3461.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2019

Transaction ID : A2019-2013542

Amount of Each Receipt this Period
192.31

Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.93
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Rusignuolo, Brian, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1339 Sconsett Way

City New Cumberland	State PA	Zip Code 17070
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3653.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2019

Transaction ID : A2019-2394998

Amount of Each Receipt this Period
192.31

Memo Item

B. Rusignuolo, Brian, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1339 Sconsett Way

City New Cumberland	State PA	Zip Code 17070
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3846.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2019

Transaction ID : A2019-2445631

Amount of Each Receipt this Period
192.31

Memo Item

C. Rusignuolo, Brian, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1339 Sconsett Way

City New Cumberland	State PA	Zip Code 17070
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4038.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2019

Transaction ID : A2019-2463305

Amount of Each Receipt this Period
192.31

Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.93
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 214
	<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. Rusignuolo, Brian, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1339 Sconsett Way

City New Cumberland	State PA	Zip Code 17070
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4230.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2019

Transaction ID : A2019-2515711

Amount of Each Receipt this Period
192.31

Memo Item

B. Rusignuolo, Brian, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1339 Sconsett Way

City New Cumberland	State PA	Zip Code 17070
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4423.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

Transaction ID : A2019-2700923

Amount of Each Receipt this Period
192.31

Memo Item

C. Rusignuolo, Brian, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1339 Sconsett Way

City New Cumberland	State PA	Zip Code 17070
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4615.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2019

Transaction ID : A2019-2749360

Amount of Each Receipt this Period
192.31

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.93
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Rusignuolo, Brian, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1339 Sconsett Way

City New Cumberland	State PA	Zip Code 17070
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4807.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2019

Transaction ID : A2019-3119580

Amount of Each Receipt this Period
192.31

Memo Item

B. Rusignuolo, Brian, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1339 Sconsett Way

City New Cumberland	State PA	Zip Code 17070
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2019

Transaction ID : A2019-3119638

Amount of Each Receipt this Period
192.25

Memo Item

C. Ruskan, Jeffrey, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Beechwood Drive

City Richmond	State VA	Zip Code 23229
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2692.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2019

Transaction ID : A2019-1512413

Amount of Each Receipt this Period
192.31

Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.87
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 214
	<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. Ruskan, Jeffrey, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Beechwood Drive

City Richmond	State VA	Zip Code 23229
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2019

Transaction ID : A2019-1676344

Amount of Each Receipt this Period
192.31

Memo Item

B. Ruskan, Jeffrey, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Beechwood Drive

City Richmond	State VA	Zip Code 23229
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3076.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2019

Transaction ID : A2019-1772277

Amount of Each Receipt this Period
192.31

Memo Item

C. Ruskan, Jeffrey, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Beechwood Drive

City Richmond	State VA	Zip Code 23229
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3269.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2019

Transaction ID : A2019-1959784

Amount of Each Receipt this Period
192.31

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.93
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 214
	<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. Ruskan, Jeffrey, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Beechwood Drive

City Richmond	State VA	Zip Code 23229
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3461.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2019

Transaction ID : A2019-2013564

Amount of Each Receipt this Period
192.31

Memo Item

B. Ruskan, Jeffrey, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Beechwood Drive

City Richmond	State VA	Zip Code 23229
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3653.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2019

Transaction ID : A2019-2395021

Amount of Each Receipt this Period
192.31

Memo Item

C. Ruskan, Jeffrey, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Beechwood Drive

City Richmond	State VA	Zip Code 23229
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3846.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2019

Transaction ID : A2019-2445654

Amount of Each Receipt this Period
192.31

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.93
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 161 OF 214
	(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. Ruskan, Jeffrey, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Beechwood Drive

City Richmond	State VA	Zip Code 23229
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4038.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2019

Transaction ID : A2019-2463328

Amount of Each Receipt this Period
192.31

Memo Item

B. Ruskan, Jeffrey, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Beechwood Drive

City Richmond	State VA	Zip Code 23229
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4230.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2019

Transaction ID : A2019-2515734

Amount of Each Receipt this Period
192.31

Memo Item

C. Ruskan, Jeffrey, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Beechwood Drive

City Richmond	State VA	Zip Code 23229
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4423.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

Transaction ID : A2019-2700946

Amount of Each Receipt this Period
192.31

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.93
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 162 OF 214
<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. Ruskan, Jeffrey, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Beechwood Drive

City Richmond	State VA	Zip Code 23229
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4615.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2019

Transaction ID : A2019-2749341

Amount of Each Receipt this Period
192.31

Memo Item

B. Ruskan, Jeffrey, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Beechwood Drive

City Richmond	State VA	Zip Code 23229
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4807.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2019

Transaction ID : A2019-3119603

Amount of Each Receipt this Period
192.31

Memo Item

C. Ruskan, Jeffrey, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Beechwood Drive

City Richmond	State VA	Zip Code 23229
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2019

Transaction ID : A2019-3119661

Amount of Each Receipt this Period
192.25

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.87
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 214
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Saich, John, A, Mr.,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2019 Transaction ID : A2019-2284706		
Mailing Address 111 Daisy Ln			Amount of Each Receipt this Period 5000.00		
City Palmyra	State PA	Zip Code 17078-9202	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Executive Vice President Chief HR O			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sarfaty, Beth, R, Ms.,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2019 Transaction ID : A2019-1512385		
Mailing Address 34 Wall Street			Amount of Each Receipt this Period 38.47		
City West Long Branch	State NJ	Zip Code 07764	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) VP Clinical Svcs & Quality Mgmt			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 538.58			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Sarfaty, Beth, R, Ms.,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2019 Transaction ID : A2019-1676317		
Mailing Address 34 Wall Street			Amount of Each Receipt this Period 38.47		
City West Long Branch	State NJ	Zip Code 07764	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) VP Clinical Svcs & Quality Mgmt			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 577.05			

SUBTOTAL of Receipts This Page (optional).....▶	5076.94
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 164 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Sarfaty, Beth, R, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 Wall Street
 City West Long Branch State NJ Zip Code 07764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) VP Clinical Svcs & Quality Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 615.52

Date of Receipt 08 / 09 / 2019
Transaction ID : A2019-177250
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Sarfaty, Beth, R, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 Wall Street
 City West Long Branch State NJ Zip Code 07764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) VP Clinical Svcs & Quality Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 653.99

Date of Receipt 08 / 23 / 2019
Transaction ID : A2019-1959757
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Sarfaty, Beth, R, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 Wall Street
 City West Long Branch State NJ Zip Code 07764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) VP Clinical Svcs & Quality Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt 09 / 06 / 2019
Transaction ID : A2019-2013537
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Sarfaty, Beth, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Wall Street

City West Long Branch	State NJ	Zip Code 07764
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) VP Clinical Svcs & Quality Mgmt
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2019

Transaction ID : A2019-2394993

Amount of Each Receipt this Period
38.47

Memo Item

B. Sarfaty, Beth, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Wall Street

City West Long Branch	State NJ	Zip Code 07764
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) VP Clinical Svcs & Quality Mgmt
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2019

Transaction ID : A2019-2445626

Amount of Each Receipt this Period
38.47

Memo Item

C. Sarfaty, Beth, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Wall Street

City West Long Branch	State NJ	Zip Code 07764
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) VP Clinical Svcs & Quality Mgmt
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
807.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2019

Transaction ID : A2019-2463300

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Sarfaty, Beth, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Wall Street

City West Long Branch	State NJ	Zip Code 07764
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) VP Clinical Svcs & Quality Mgmt
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
846.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2019

Transaction ID : A2019-2515706

Amount of Each Receipt this Period

38.47

 Memo Item

B. Sarfaty, Beth, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Wall Street

City West Long Branch	State NJ	Zip Code 07764
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) VP Clinical Svcs & Quality Mgmt
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
884.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

Transaction ID : A2019-2700918

Amount of Each Receipt this Period

38.47

 Memo Item

C. Sarfaty, Beth, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Wall Street

City West Long Branch	State NJ	Zip Code 07764
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) VP Clinical Svcs & Quality Mgmt
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
923.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2019

Transaction ID : A2019-2749355

Amount of Each Receipt this Period

38.47

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Sarfaty, Beth, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Wall Street

City West Long Branch	State NJ	Zip Code 07764
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) VP Clinical Svcs & Quality Mgmt
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
961.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2019

Transaction ID : A2019-3119575

Amount of Each Receipt this Period
38.47

Memo Item

B. Sarfaty, Beth, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Wall Street

City West Long Branch	State NJ	Zip Code 07764
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) VP Clinical Svcs & Quality Mgmt
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2019

Transaction ID : A2019-3119633

Amount of Each Receipt this Period
38.47

Memo Item

C. Schmidt, Megan, P, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 Forest Lane North

City Blountville	State TN	Zip Code 37617
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1615.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2019

Transaction ID : A2019-1512399

Amount of Each Receipt this Period
115.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....	192.33
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 168 OF 214
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Schmidt, Megan, P, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 Forest Lane North
 City Blountville State TN Zip Code 37617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt 07 / 26 / 2019
Transaction ID : A2019-1676330
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Schmidt, Megan, P, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 Forest Lane North
 City Blountville State TN Zip Code 37617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt 08 / 09 / 2019
Transaction ID : A2019-1772263
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Schmidt, Megan, P, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 Forest Lane North
 City Blountville State TN Zip Code 37617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt 08 / 23 / 2019
Transaction ID : A2019-1959770
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 346.17
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Schmidt, Megan, P, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 Forest Lane North
 City Blountville State TN Zip Code 37617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 09 / 06 / 2019
Transaction ID : A2019-2013550
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Schmidt, Megan, P, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 Forest Lane North
 City Blountville State TN Zip Code 37617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt 09 / 20 / 2019
Transaction ID : A2019-2395007
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Schmidt, Megan, P, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 Forest Lane North
 City Blountville State TN Zip Code 37617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 04 / 2019
Transaction ID : A2019-2445640
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.17
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 170 OF 214
	(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. Schmidt, Megan, P, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 Forest Lane North

City Blountville	State TN	Zip Code 37617
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2423.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2019

Transaction ID : A2019-2463314

Amount of Each Receipt this Period
115.39

Memo Item

B. Schmidt, Megan, P, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 Forest Lane North

City Blountville	State TN	Zip Code 37617
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2019

Transaction ID : A2019-2515720

Amount of Each Receipt this Period
115.39

Memo Item

C. Schmidt, Megan, P, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 Forest Lane North

City Blountville	State TN	Zip Code 37617
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2653.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2019

Transaction ID : A2019-2700932

Amount of Each Receipt this Period
115.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.17
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Schmidt, Megan, P, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 Forest Lane North

City Blountville	State TN	Zip Code 37617
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2769.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2019

Transaction ID : A2019-2749327

Amount of Each Receipt this Period
115.39

Memo Item

B. Schmidt, Megan, P, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 Forest Lane North

City Blountville	State TN	Zip Code 37617
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2019

Transaction ID : A2019-3119589

Amount of Each Receipt this Period
115.39

Memo Item

C. Schmidt, Megan, P, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 Forest Lane North

City Blountville	State TN	Zip Code 37617
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2019

Transaction ID : A2019-3119647

Amount of Each Receipt this Period
115.25

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	346.03
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Singer, Deborah, L, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 Honeybelle Oval
 City Chagrin Falls State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt **07 / 12 / 2019**
Transaction ID : A2019-1512384
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Singer, Deborah, L, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 Honeybelle Oval
 City Chagrin Falls State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt **07 / 26 / 2019**
Transaction ID : A2019-1676316
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Singer, Deborah, L, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 Honeybelle Oval
 City Chagrin Falls State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt **08 / 09 / 2019**
Transaction ID : A2019-1772249
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.17
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 173 OF 214
	(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. Singer, Deborah, L, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 Honeybelle Oval
 City Chagrin Falls State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt **08 / 23 / 2019**
Transaction ID : A2019-1959756
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Singer, Deborah, L, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 Honeybelle Oval
 City Chagrin Falls State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt **09 / 06 / 2019**
Transaction ID : A2019-2013536
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Singer, Deborah, L, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 Honeybelle Oval
 City Chagrin Falls State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt **09 / 20 / 2019**
Transaction ID : A2019-2394992
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.17
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Singer, Deborah, L, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 195 Honeybelle Oval

City Chagrin Falls	State OH	Zip Code 44022
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2307.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2019

Transaction ID : A2019-2445625

Amount of Each Receipt this Period
115.39

Memo Item

B. Singer, Deborah, L, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 195 Honeybelle Oval

City Chagrin Falls	State OH	Zip Code 44022
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2423.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2019

Transaction ID : A2019-2463299

Amount of Each Receipt this Period
115.39

Memo Item

C. Singer, Deborah, L, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 195 Honeybelle Oval

City Chagrin Falls	State OH	Zip Code 44022
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2019

Transaction ID : A2019-2515705

Amount of Each Receipt this Period
115.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.17
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 214
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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. Singer, Deborah, L, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 Honeybelle Oval
 City Chagrin Falls State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 15 / 2019
Transaction ID : A2019-2700917
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Singer, Deborah, L, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 Honeybelle Oval
 City Chagrin Falls State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt 11 / 29 / 2019
Transaction ID : A2019-2749354
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Singer, Deborah, L, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 Honeybelle Oval
 City Chagrin Falls State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt 12 / 13 / 2019
Transaction ID : A2019-3119574
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	346.17
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Singer, Deborah, L, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 Honeybelle Oval
 City Chagrin Falls State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2019
Transaction ID : A2019-3119632
 Amount of Each Receipt this Period
 115.25
 Memo Item

B. Skinner, Gloria, J, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1685 North 700 West
 City Columbus State IN Zip Code 47201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2019
Transaction ID : A2019-1512382
 Amount of Each Receipt this Period
 115.39
 Memo Item

C. Skinner, Gloria, J, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1685 North 700 West
 City Columbus State IN Zip Code 47201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2019
Transaction ID : A2019-1676314
 Amount of Each Receipt this Period
 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.03
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Skinner, Gloria, J, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1685 North 700 West

City Columbus	State IN	Zip Code 47201
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1846.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2019

Transaction ID : A2019-1772247

Amount of Each Receipt this Period
115.39

Memo Item

B. Skinner, Gloria, J, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1685 North 700 West

City Columbus	State IN	Zip Code 47201
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1961.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2019

Transaction ID : A2019-1959754

Amount of Each Receipt this Period
115.39

Memo Item

C. Skinner, Gloria, J, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1685 North 700 West

City Columbus	State IN	Zip Code 47201
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2019

Transaction ID : A2019-2013534

Amount of Each Receipt this Period
115.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.17
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 178 OF 214
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Skinner, Gloria, J, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1685 North 700 West
 City Columbus State IN Zip Code 47201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt 09 / 20 / 2019
Transaction ID : A2019-2394990
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Skinner, Gloria, J, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1685 North 700 West
 City Columbus State IN Zip Code 47201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 04 / 2019
Transaction ID : A2019-2445623
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Skinner, Gloria, J, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1685 North 700 West
 City Columbus State IN Zip Code 47201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 18 / 2019
Transaction ID : A2019-2463297
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 346.17
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 179 OF 214
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Skinner, Gloria, J, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1685 North 700 West
 City Columbus State IN Zip Code 47201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 11 / 01 / 2019
Transaction ID : A2019-2515703
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Skinner, Gloria, J, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1685 North 700 West
 City Columbus State IN Zip Code 47201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 15 / 2019
Transaction ID : A2019-2700915
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Skinner, Gloria, J, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1685 North 700 West
 City Columbus State IN Zip Code 47201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt 11 / 29 / 2019
Transaction ID : A2019-2749352
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 346.17
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 214
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Skinner, Gloria, J, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1685 North 700 West

City Columbus	State IN	Zip Code 47201
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2019

Transaction ID : A2019-3119572

Amount of Each Receipt this Period
115.39

Memo Item

B. Skinner, Gloria, J, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1685 North 700 West

City Columbus	State IN	Zip Code 47201
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2019

Transaction ID : A2019-3119630

Amount of Each Receipt this Period
115.25

Memo Item

C. Skinner, Jon, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 5200 Topaz Ct

City Flower Mound	State TX	Zip Code 75022-8143
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1615.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2019

Transaction ID : A2019-1512410

Amount of Each Receipt this Period
115.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.03
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 OF 214
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Skinner, Jon, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5200 Topaz Ct

City Flower Mound	State TX	Zip Code 75022-8143
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1730.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2019

Transaction ID : A2019-1676341

Amount of Each Receipt this Period
115.39

Memo Item

B. Skinner, Jon, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5200 Topaz Ct

City Flower Mound	State TX	Zip Code 75022-8143
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1846.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2019

Transaction ID : A2019-1772274

Amount of Each Receipt this Period
115.39

Memo Item

C. Skinner, Jon, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5200 Topaz Ct

City Flower Mound	State TX	Zip Code 75022-8143
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1961.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2019

Transaction ID : A2019-1959781

Amount of Each Receipt this Period
115.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.17
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 214
	<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. Skinner, Jon, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5200 Topaz Ct
 City Flower Mound State TX Zip Code 75022-8143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt **09 / 06 / 2019**
Transaction ID : A2019-2013561
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Skinner, Jon, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5200 Topaz Ct
 City Flower Mound State TX Zip Code 75022-8143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt **09 / 20 / 2019**
Transaction ID : A2019-2395018
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Skinner, Jon, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5200 Topaz Ct
 City Flower Mound State TX Zip Code 75022-8143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt **10 / 04 / 2019**
Transaction ID : A2019-2445651
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.17
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Skinner, Jon, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5200 Topaz Ct
 City Flower Mound State TX Zip Code 75022-8143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt **10 / 18 / 2019**
Transaction ID : A2019-2463325
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Skinner, Jon, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5200 Topaz Ct
 City Flower Mound State TX Zip Code 75022-8143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt **11 / 01 / 2019**
Transaction ID : A2019-2515731
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Skinner, Jon, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5200 Topaz Ct
 City Flower Mound State TX Zip Code 75022-8143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt **11 / 15 / 2019**
Transaction ID : A2019-2700943
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.17
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Skinner, Jon, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5200 Topaz Ct

City Flower Mound	State TX	Zip Code 75022-8143
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2769.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2019

Transaction ID : A2019-2749338

Amount of Each Receipt this Period
115.39

Memo Item

B. Skinner, Jon, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5200 Topaz Ct

City Flower Mound	State TX	Zip Code 75022-8143
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2019

Transaction ID : A2019-3119600

Amount of Each Receipt this Period
115.39

Memo Item

C. Skinner, Jon, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5200 Topaz Ct

City Flower Mound	State TX	Zip Code 75022-8143
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2019

Transaction ID : A2019-3119658

Amount of Each Receipt this Period
115.25

Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.03
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Sloterbeek, Meridell, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 164 E Dawn Dr

City Tempe State AZ Zip Code 85284-3160

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 12 / 2019
Transaction ID : A2019-1512391

Amount of Each Receipt this Period 115.39

Memo Item

B. Sloterbeek, Meridell, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 164 E Dawn Dr

City Tempe State AZ Zip Code 85284-3160

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.85

Date of Receipt 07 / 26 / 2019
Transaction ID : A2019-1676323

Amount of Each Receipt this Period 115.39

Memo Item

C. Sloterbeek, Meridell, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 164 E Dawn Dr

City Tempe State AZ Zip Code 85284-3160

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1846.24

Date of Receipt 08 / 09 / 2019
Transaction ID : A2019-1772256

Amount of Each Receipt this Period 115.39

Memo Item

SUBTOTAL of Receipts This Page (optional)..... 346.17

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 OF 214
	<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. Sloterbeek, Meridell, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 164 E Dawn Dr
 City Tempe State AZ Zip Code 85284-3160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt **08 / 23 / 2019**
Transaction ID : A2019-1959763
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Sloterbeek, Meridell, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 164 E Dawn Dr
 City Tempe State AZ Zip Code 85284-3160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt **09 / 06 / 2019**
Transaction ID : A2019-2013543
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Sloterbeek, Meridell, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 164 E Dawn Dr
 City Tempe State AZ Zip Code 85284-3160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt **09 / 20 / 2019**
Transaction ID : A2019-2394999
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.17
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Sloterbeek, Meridell, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 164 E Dawn Dr

City Tempe State AZ Zip Code 85284-3160

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 10 / 04 / 2019
Transaction ID : A2019-2445632

Amount of Each Receipt this Period 115.39

Memo Item

B. Sloterbeek, Meridell, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 164 E Dawn Dr

City Tempe State AZ Zip Code 85284-3160

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2423.19

Date of Receipt 10 / 18 / 2019
Transaction ID : A2019-2463306

Amount of Each Receipt this Period 115.39

Memo Item

C. Sloterbeek, Meridell, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 164 E Dawn Dr

City Tempe State AZ Zip Code 85284-3160

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2538.58

Date of Receipt 11 / 01 / 2019
Transaction ID : A2019-2515712

Amount of Each Receipt this Period 115.39

Memo Item

SUBTOTAL of Receipts This Page (optional)..... 346.17

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 OF 214
	<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. Sloterbeek, Meridell, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 164 E Dawn Dr
 City Tempe State AZ Zip Code 85284-3160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt 11 / 15 / 2019
Transaction ID : A2019-2700924
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Sloterbeek, Meridell, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 164 E Dawn Dr
 City Tempe State AZ Zip Code 85284-3160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt 11 / 29 / 2019
Transaction ID : A2019-2749361
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Sloterbeek, Meridell, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 164 E Dawn Dr
 City Tempe State AZ Zip Code 85284-3160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt 12 / 13 / 2019
Transaction ID : A2019-3119581
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.17
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Sloterbeek, Meridell, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 164 E Dawn Dr
 City Tempe State AZ Zip Code 85284-3160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2019
Transaction ID : A2019-3119639
 Amount of Each Receipt this Period
 115.25
 Memo Item

B. Streepy, Kurt, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3128 Mattatha Drive
 City Bloomington State IN Zip Code 47401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2019
Transaction ID : A2019-1512394
 Amount of Each Receipt this Period
 115.39
 Memo Item

C. Streepy, Kurt, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3128 Mattatha Drive
 City Bloomington State IN Zip Code 47401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2019
Transaction ID : A2019-1676326
 Amount of Each Receipt this Period
 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.03
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Streepy, Kurt, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Mattatha Drive

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1846.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2019

Transaction ID : A2019-1772259

Amount of Each Receipt this Period
115.39

Memo Item

B. Streepy, Kurt, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Mattatha Drive

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1961.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2019

Transaction ID : A2019-1959766

Amount of Each Receipt this Period
115.39

Memo Item

C. Streepy, Kurt, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Mattatha Drive

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2019

Transaction ID : A2019-2013546

Amount of Each Receipt this Period
115.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.17
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Streepy, Kurt, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Mattatha Drive

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2192.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2019

Transaction ID : A2019-2395002

Amount of Each Receipt this Period
115.39

Memo Item

B. Streepy, Kurt, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Mattatha Drive

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2307.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2019

Transaction ID : A2019-2445635

Amount of Each Receipt this Period
115.39

Memo Item

C. Streepy, Kurt, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Mattatha Drive

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2423.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2019

Transaction ID : A2019-2463309

Amount of Each Receipt this Period
115.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.17
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Streepy, Kurt, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Mattatha Drive

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2019

Transaction ID : A2019-2515715

Amount of Each Receipt this Period
115.39

Memo Item

B. Streepy, Kurt, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Mattatha Drive

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2653.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

Transaction ID : A2019-2700927

Amount of Each Receipt this Period
115.39

Memo Item

C. Streepy, Kurt, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Mattatha Drive

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2769.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2019

Transaction ID : A2019-2749322

Amount of Each Receipt this Period
115.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.17
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Streepy, Kurt, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Mattatha Drive

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2019

Transaction ID : A2019-3119584

Amount of Each Receipt this Period
115.39

Memo Item

B. Streepy, Kurt, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Mattatha Drive

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2019

Transaction ID : A2019-3119642

Amount of Each Receipt this Period
115.25

Memo Item

C. Swergold, Leopold, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 299 Compo Rd S

City Westport	State CT	Zip Code 06880
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2019

Transaction ID : A2019-2738167

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5230.64
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 194 OF 214
	<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. Tarvin, Michael, E, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 Willow Lake Dr
 City Carlisle State PA Zip Code 17015-9164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **09 / 23 / 2019**
Transaction ID : A2019-2213582
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Thomas, Dan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5603 Chamberlyne Dr
 City Frisco State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **12 / 18 / 2019**
Transaction ID : A2019-2953960
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Veit, Joel, T, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 345 North 30th Street
 City Camp Hill State PA Zip Code 17011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **10 / 18 / 2019**
Transaction ID : A2019-2463234
 Amount of Each Receipt this Period 3000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	13000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Wagley, Ronnie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10305 SW 27th PI
 City Gainesville State FL Zip Code 32608-9083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt 10 / 04 / 2019
Transaction ID : A2019-2445657
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Wagley, Ronnie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10305 SW 27th PI
 City Gainesville State FL Zip Code 32608-9083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt 10 / 18 / 2019
Transaction ID : A2019-2463331
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Wagley, Ronnie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10305 SW 27th PI
 City Gainesville State FL Zip Code 32608-9083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 11 / 01 / 2019
Transaction ID : A2019-2515737
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.17
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 OF 214
	<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. Wagley, Ronnie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10305 SW 27th PI
 City Gainesville State FL Zip Code 32608-9083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt
 11 / 15 / 2019
Transaction ID : A2019-2700949
 Amount of Each Receipt this Period
 115.39
 Memo Item

B. Wagley, Ronnie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10305 SW 27th PI
 City Gainesville State FL Zip Code 32608-9083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt
 11 / 29 / 2019
Transaction ID : A2019-2749344
 Amount of Each Receipt this Period
 115.39
 Memo Item

C. Wagley, Ronnie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10305 SW 27th PI
 City Gainesville State FL Zip Code 32608-9083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt
 12 / 13 / 2019
Transaction ID : A2019-3119606
 Amount of Each Receipt this Period
 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.17
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 OF 214
	<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. Wagley, Ronnie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10305 SW 27th Pl
 City Gainesville State FL Zip Code 32608-9083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2019
Transaction ID : A2019-3119664
 Amount of Each Receipt this Period
 115.39
 Memo Item

B. Williams, Brian, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9670 Rod Road
 City Alpharetta State GA Zip Code 30022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2019
Transaction ID : A2019-1512378
 Amount of Each Receipt this Period
 115.39
 Memo Item

C. Williams, Brian, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9670 Rod Road
 City Alpharetta State GA Zip Code 30022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2019
Transaction ID : A2019-1676310
 Amount of Each Receipt this Period
 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.17
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 OF 214
	<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. Williams, Brian, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9670 Rod Road
 City Alpharetta State GA Zip Code 30022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt 08 / 09 / 2019
Transaction ID : A2019-1772243
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Williams, Brian, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9670 Rod Road
 City Alpharetta State GA Zip Code 30022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt 08 / 23 / 2019
Transaction ID : A2019-1959750
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Williams, Brian, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9670 Rod Road
 City Alpharetta State GA Zip Code 30022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 09 / 06 / 2019
Transaction ID : A2019-2013530
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	346.17
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Williams, Brian, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9670 Rod Road
 City Alpharetta State GA Zip Code 30022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt **09 / 20 / 2019**
Transaction ID : A2019-2394986
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Williams, Brian, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9670 Rod Road
 City Alpharetta State GA Zip Code 30022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt **10 / 04 / 2019**
Transaction ID : A2019-2445619
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Williams, Brian, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9670 Rod Road
 City Alpharetta State GA Zip Code 30022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt **10 / 18 / 2019**
Transaction ID : A2019-2463292
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.17
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Williams, Brian, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9670 Rod Road

City Alpharetta	State GA	Zip Code 30022
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2538.58

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2019

Transaction ID : A2019-2515740

Amount of Each Receipt this Period
115.39

Memo Item

B. Williams, Brian, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9670 Rod Road

City Alpharetta	State GA	Zip Code 30022
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2653.97

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		15		2019

Transaction ID : A2019-2700910

Amount of Each Receipt this Period
115.39

Memo Item

C. Williams, Brian, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9670 Rod Road

City Alpharetta	State GA	Zip Code 30022
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2769.36

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		29		2019

Transaction ID : A2019-2749347

Amount of Each Receipt this Period
115.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.17
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Williams, Brian, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9670 Rod Road

City Alpharetta	State GA	Zip Code 30022
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2019

Transaction ID : A2019-3119567

Amount of Each Receipt this Period
115.39

Memo Item

B. Williams, Brian, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9670 Rod Road

City Alpharetta	State GA	Zip Code 30022
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2019

Transaction ID : A2019-3119625

Amount of Each Receipt this Period
115.25

Memo Item

C. Zanke, Christopher, V, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2019

Transaction ID : A2019-1515714

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	269.11
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 202 OF 214
	<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. Zanke, Christopher, V, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
577.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2019

Transaction ID : A2019-1661298

Amount of Each Receipt this Period
38.47

Memo Item

B. Zanke, Christopher, V, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2019

Transaction ID : A2019-1722988

Amount of Each Receipt this Period
38.47

Memo Item

C. Zanke, Christopher, V, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2019

Transaction ID : A2019-1946496

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Zanke, Christopher, V, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2019

Transaction ID : A2019-1987744

Amount of Each Receipt this Period
38.47

Memo Item

B. Zanke, Christopher, V, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2019

Transaction ID : A2019-2209803

Amount of Each Receipt this Period
38.47

Memo Item

C. Zanke, Christopher, V, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2019

Transaction ID : A2019-2395026

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 OF 214
	<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. Zanke, Christopher, V, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
807.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2019

Transaction ID : A2019-2445664

Amount of Each Receipt this Period
38.47

Memo Item

B. Zanke, Christopher, V, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
846.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2019

Transaction ID : A2019-2498122

Amount of Each Receipt this Period
38.47

Memo Item

C. Zanke, Christopher, V, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
884.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2019

Transaction ID : A2019-2620495

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 OF 214
	<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. Zanke, Christopher, V, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
923.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2019

Transaction ID : A2019-2713415

Amount of Each Receipt this Period
38.47

Memo Item

B. Zanke, Christopher, V, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
961.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2019

Transaction ID : A2019-3120361

Amount of Each Receipt this Period
38.47

Memo Item

C. Zanke, Christopher, V, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2019

Transaction ID : A2019-3119619

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	119133.26

**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 206 OF 214
<input 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 checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Georgians for Isakson

Mailing Address Post Office Box 250116

City Atlanta	State GA	Zip Code 30325
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00384693

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		13		2019

Transaction ID : A2019-17493

Amount of Each Receipt this Period
5000.00

Memo Item
Refund of contribution dated 5/1/2018

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Becchi for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 731

City Millburn State NJ Zip Code 07041

Purpose of Disbursement Contribution
Candidate Name **Becchi, Rosemary, , ,**
Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: NJ District: 07

Date of Disbursement: 07 / 12 / 2019

FEC Identification Number: **C00711572**
Transaction ID : **B734445**
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

B. Nita Lowey for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 271

City White Plains State NY Zip Code 10605

Purpose of Disbursement Contribution
Candidate Name **Lowey, Nita, M, ,**
Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: NY District: 17

Date of Disbursement: 07 / 12 / 2019

FEC Identification Number: **C00219881**
Transaction ID : **B734444**
Amount of Each Disbursement this Period: 3000.00

Category/Type: 011

Memo Item

C. Friends of Mark Warner

Full Name (Last, First, Middle Initial)
Mailing Address 1751 Potomac Greens Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution
Candidate Name **Warner, Mark, , ,**
Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: VA District:

Date of Disbursement: 08 / 21 / 2019

FEC Identification Number: **C00438713**
Transaction ID : **B738906**
Amount of Each Disbursement this Period: 2800.00

Category/Type: 011

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6800.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Bill Cassidy for US Senate

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement Contribution
Candidate Name Cassidy, William, , ,
Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: LA District:

Date of Disbursement 09 / 11 / 2019

FEC Identification Number C00543983
Transaction ID : B739973
Amount of Each Disbursement this Period 2500.00
 Memo Item

B. Richard E Neal for Congress Committee

Full Name (Last, First, Middle Initial)
Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement Contribution
Candidate Name Neal, Richard, E, ,
Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: MA District: 01

Date of Disbursement 09 / 11 / 2019

FEC Identification Number C00226522
Transaction ID : B739851
Amount of Each Disbursement this Period 1000.00
 Memo Item

C. BACKPAC

Full Name (Last, First, Middle Initial)
Mailing Address 1751 Potomac Greens Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution
Candidate Name
Office Sought: House Senate President
Disbursement For: 2019 Primary General Other (specify) ▼
State: District: Not Applicable

Date of Disbursement 09 / 13 / 2019

FEC Identification Number C00566562
Transaction ID : B740212
Amount of Each Disbursement this Period 5000.00
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Brady Victory Fund

Full Name (Last, First, Middle Initial)

Mailing Address 1790 Hughes Landing Blvd

City The Woodlands State TX Zip Code 77380

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2019 Primary General Other (specify) ▼

State: District: Not Applicable

Date of Disbursement: 09 / 25 / 2019

FEC Identification Number: C00531285

Transaction ID : B752966

Amount of Each Disbursement this Period: 15000.00

Memo Item

B. AMRPA PAC

Full Name (Last, First, Middle Initial)

Mailing Address 529 14th Street NW Ste 750

City Washington State DC Zip Code 20045

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2019 Primary General Other (specify) ▼

State: District: Not Applicable

Date of Disbursement: 09 / 27 / 2019

FEC Identification Number: C00678722

Transaction ID : B742027

Amount of Each Disbursement this Period: 3000.00

Memo Item

C. Pallone for Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement Contribution

Candidate Name Pallone, Frank, , , Jr.

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: NJ District: 06

Date of Disbursement: 10 / 15 / 2019

FEC Identification Number: C00226928

Transaction ID : B742718

Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 23000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)

A. Shore PAC

Mailing Address P.O. Box 3157

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2019
 Primary General
 Other (specify) ▼ Not Applicable

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 15 / 2019

FEC Identification Number

C C00410308

Transaction ID : B742719
Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Vern Buchanan for Congress

Mailing Address P.O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Buchanan, Vernon, , ,

Office Sought: House Senate President
State: FL District: 16

Disbursement For: 2020
 Primary General
 Other (specify)

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 15 / 2019

FEC Identification Number

C C00412759

Transaction ID : B743136
Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Ted Lieu for Congress

Mailing Address 777 S. Figueroa St. Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Lieu, Ted, , ,

Office Sought: House Senate President
State: CA District: 33

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 30 / 2019

FEC Identification Number

C C00556506

Transaction ID : B744598
Amount of Each Disbursement this Period
2800.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

12800.00

**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"/> 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. Debbie Dingell for Congress		Date of Disbursement MM / DD / YYYY 12 / 09 / 2019
Mailing Address 19855 W. Outer Dr. #103AE		FEC Identification Number C 000558213 Transaction ID : B747541
City Dearborn	State MI	Zip Code 48124
Purpose of Disbursement Contribution	011 Category/Type	
Candidate Name Dingell, Debbie, , ,	Amount of Each Disbursement this Period 5000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 12	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Debbie Dingell for Congress		Date of Disbursement MM / DD / YYYY 12 / 09 / 2019
Mailing Address 19855 W. Outer Dr. #103AE		FEC Identification Number C 000558213 Transaction ID : B747542
City Dearborn	State MI	Zip Code 48124
Purpose of Disbursement Contribution	011 Category/Type	
Candidate Name Dingell, Debbie, , ,	Amount of Each Disbursement this Period 5000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 12	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Treasure State PAC		Date of Disbursement MM / DD / YYYY 12 / 11 / 2019
Mailing Address 3242 Cummins Way		FEC Identification Number C 000433680 Transaction ID : B747816
City Missoula	State MT	Zip Code 59802
Purpose of Disbursement Contribution	011 Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Not Applicable <input type="checkbox"/> Memo Item	

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Doggett For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 5843

City Austin State TX Zip Code 78763

Purpose of Disbursement Contribution
Candidate Name **Doggett, Lloyd, , ,**
Office Sought: House Senate President
State: TX District: 35

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement: 12 / 20 / 2019

FEC Identification Number: **C00286500**
Transaction ID : **B750088**
Amount of Each Disbursement this Period: 5000.00

Category/Type: 011

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement
Candidate Name
Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement:

FEC Identification Number:
Amount of Each Disbursement this Period:
 Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement
Candidate Name
Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement:

FEC Identification Number:
Amount of Each Disbursement this Period:
 Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	82100.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Uniting Missouri PAC		Date of Disbursement MM / DD / YYYY 08 / 07 / 2019
Mailing Address PO Box 444		FEC Identification Number C [] Transaction ID : B737525 Amount of Each Disbursement this Period [] 1500.00
City Jefferson City	State MO	Zip Code 65105
Purpose of Disbursement State PAC		<input type="text" value="011"/> Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []
City	State	Zip Code
Purpose of Disbursement		<input type="text" value=""/> Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []
City	State	Zip Code
Purpose of Disbursement		<input type="text" value=""/> Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1500.00
TOTAL This Period (last page this line number only).....▶	[] 1500.00