# 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. 12FE4M5

Select Medical Corporation PAC

ADDRESS (number and street) ▼ 4714 Gettysburg Road

☐ Check if different than previously reported. (ACC)

Mechanicsburg | PA | 17055 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00546119

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)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

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

Election on MM / DD / YYYY in the State of

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

Election on MM / DD / YYYY in the State of

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

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

Type or Print Name of Treasurer William Walters

Signature of Treasurer *William Walters* ***[Electronically Filed]*** Date 04 / 15 / 2016

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

| Office Use Only | | | | | | | |
|---|---|---|---|---|---|---|---|

**FEC FORM 3X**
Rev. 12/2004

FE6AN026

# SUMMARY PAGE
## OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)



Write or Type Committee Name

Select Medical Corporation PAC

Report Covering the Period: From: 07 / 01 / 2015 To: 12 / 31 / 2015

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1, 2015 | | 113367.54 |
| (b) Cash on Hand at Beginning of Reporting Period | 61620.43 | |
| (c) Total Receipts (from Line 19) | 151156.73 | 231609.61 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 212777.16 | 344977.15 |
| 7. Total Disbursements (from Line 31) | 91146.17 | 223346.16 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 121630.99 | 121630.99 |
| 9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

**For further information contact:**

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

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

# DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 06/2004)



Write or Type Committee Name

Select Medical Corporation PAC

Report Covering the Period: From: M M 07 / D D 01 / Y Y Y Y 2015 To: M M 12 / D D 31 / Y Y Y Y 2015

| 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) | 136436.56 | 198344.84 |
| (ii) Unitemized | 1250.21 | 19794.81 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶ | 137686.77 | 218139.65 |
| (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) ▶ | 137686.77 | 218139.65 |
| 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 | 13469.96 | 13469.96 |
| 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)) ▶ | 151156.73 | 231609.61 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶ | 151156.73 | 231609.61 |

# DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)



| 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 | 93800.00 | 220000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 |
| 26. Loan Repayments Made | 0.00 | 0.00 |
| 27. Loans Made | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | -2653.83 | -2653.83 |
| (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)) ▶ | -2653.83 | -2653.83 |
| 29. Other Disbursements | 0.00 | 5999.99 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶ | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 91146.17 | 223346.16 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶ | 91146.17 | 223346.16 |

# DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)



| 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) | 137686.77 | 218139.65 |
| 34. Total Contribution Refunds (from Line 28(d)) | -2653.83 | -2653.83 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 140340.60 | 220793.48 |
| 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 |

# FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

**Form/Schedule:** **F3XA**
**Transaction ID :**

This report is being amended to report additional receipts not disclosed on the original 2015 Year End Report. Please update your records accordingly.

**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)
[X] 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.**
Full Name (Last, First, Middle Initial): Ms. Jennifer K Allison
Mailing Address: 402 Huron Drive
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.36
Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378858**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Jennifer K Allison
Mailing Address: 402 Huron Drive
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.60
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584240**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Jennifer K Allison
Mailing Address: 402 Huron Drive
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692068**
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) ▶

# FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

**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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Jennifer K Allison
Mailing Address: 402 Huron Drive
City: Mechanicsburg State: PA Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1917980**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Jennifer K Allison
Mailing Address: 402 Huron Drive
City: Mechanicsburg State: PA Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983754**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Jennifer K Allison
Mailing Address: 402 Huron Drive
City: Mechanicsburg State: PA Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148165**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Jennifer K Allison
Mailing Address: 402 Huron Drive
City: Mechanicsburg State: PA Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190458**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Jennifer K Allison
Mailing Address: 402 Huron Drive
City: Mechanicsburg State: PA Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291880**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Jennifer K Allison
Mailing Address: 402 Huron Drive
City: Mechanicsburg State: PA Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380124**
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)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Jennifer K Allison
Mailing Address: 402 Huron Drive
City: Mechanicsburg State: PA Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 442.52
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485352**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Jennifer K Allison
Mailing Address: 402 Huron Drive
City: Mechanicsburg State: PA Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605719**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Jennifer K Allison
Mailing Address: 402 Huron Drive
City: Mechanicsburg State: PA Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 481.00
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676952**
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

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 402 Huron Drive

City: Mechanicsburg
State: PA
Zip Code: 17050

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828040**

Amount of Each Receipt this Period: 19.00

[ ] Memo Item

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

Mailing Address 152 Old Landing Road

City: Ocean City
State: MD
Zip Code: 21842

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.46

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378859**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

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

Mailing Address 152 Old Landing Road

City: Ocean City
State: MD
Zip Code: 21842

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.85

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584241**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 249.78

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

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

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FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Joan Alverzo
Mailing Address: 152 Old Landing Road
City: Ocean City
State: MD
Zip Code: 21842
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1846.24
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692069**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Joan Alverzo
Mailing Address: 152 Old Landing Road
City: Ocean City
State: MD
Zip Code: 21842
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1961.63
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1917981**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Joan Alverzo
Mailing Address: 152 Old Landing Road
City: Ocean City
State: MD
Zip Code: 21842
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2077.02
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983755**
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

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Joan Alverzo
Mailing Address: 152 Old Landing Road
City: Ocean City
State: MD
Zip Code: 21842
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2192.41
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148166**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Joan Alverzo
Mailing Address: 152 Old Landing Road
City: Ocean City
State: MD
Zip Code: 21842
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2307.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190459**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Joan Alverzo
Mailing Address: 152 Old Landing Road
City: Ocean City
State: MD
Zip Code: 21842
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2423.19
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291881**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Joan Alverzo
Mailing Address: 152 Old Landing Road
City: Ocean City
State: MD
Zip Code: 21842
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2538.58
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380125**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Joan Alverzo
Mailing Address: 152 Old Landing Road
City: Ocean City
State: MD
Zip Code: 21842
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2653.97
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485353**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Joan Alverzo
Mailing Address: 152 Old Landing Road
City: Ocean City
State: MD
Zip Code: 21842
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2769.36
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605720**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Joan Alverzo
Mailing Address: 152 Old Landing Road
City: Ocean City | State: MD | Zip Code: 21842
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2884.75

Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676953**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Joan Alverzo
Mailing Address: 152 Old Landing Road
City: Ocean City | State: MD | Zip Code: 21842
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3000.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828041**
Amount of Each Receipt this Period: 115.25
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Vasilis G Anastassatos
Mailing Address: 23 Churchill Road
City: Cresskill | State: NJ | Zip Code: 07626
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3000.00

Date of Receipt: 10 / 08 / 2015
**Transaction ID : A2015-2242374**
Amount of Each Receipt this Period: 3000.00
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 3230.64

**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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 3112 East Marilyn Road

City: Phoenix
State: AZ
Zip Code: 85032

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 11 / D D 13 / Y Y Y Y 2015

**Transaction ID : A2015-2550222**

Amount of Each Receipt this Period: 500.00

[ ] Memo Item

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

Mailing Address 8444 Tibet Butler Dr

City: Windermere
State: FL
Zip Code: 34786

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: M M 07 / D D 10 / Y Y Y Y 2015

**Transaction ID : A2015-1464775**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 8444 Tibet Butler Dr

City: Windermere
State: FL
Zip Code: 34786

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: M M 07 / D D 24 / Y Y Y Y 2015

**Transaction ID : A2015-1675684**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 538.48

**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)
[X] 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.**
Full Name (Last, First, Middle Initial): Ms. Kathy Beckett
Mailing Address: 8444 Tibet Butler Dr
City: Windermere
State: FL
Zip Code: 34786
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Clinical Services
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 08 / 07 / 2015
**Transaction ID : A2015-1730217**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Kathy Beckett
Mailing Address: 8444 Tibet Butler Dr
City: Windermere
State: FL
Zip Code: 34786
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Clinical Services
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 21 / 2015
**Transaction ID : A2015-1918073**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Kathy Beckett
Mailing Address: 8444 Tibet Butler Dr
City: Windermere
State: FL
Zip Code: 34786
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Clinical Services
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 09 / 04 / 2015
**Transaction ID : A2015-1983847**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Kathy Beckett
Mailing Address: 8444 Tibet Butler Dr
City: Windermere
State: FL
Zip Code: 34786
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Clinical Services
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 18 / 2015
**Transaction ID : A2015-2162673**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Kathy Beckett
Mailing Address: 8444 Tibet Butler Dr
City: Windermere
State: FL
Zip Code: 34786
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Clinical Services
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 10 / 02 / 2015
**Transaction ID : A2015-2237187**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Kathy Beckett
Mailing Address: 8444 Tibet Butler Dr
City: Windermere
State: FL
Zip Code: 34786
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Clinical Services
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: 10 / 19 / 2015
**Transaction ID : A2015-2358120**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Kathy Beckett
Mailing Address: 8444 Tibet Butler Dr
City: Windermere
State: FL
Zip Code: 34786
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Clinical Services
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: 10 / 30 / 2015
**Transaction ID : A2015-2485343**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Kathy Beckett
Mailing Address: 8444 Tibet Butler Dr
City: Windermere
State: FL
Zip Code: 34786
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Clinical Services
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 13 / 2015
**Transaction ID : A2015-2605710**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Kathy Beckett
Mailing Address: 8444 Tibet Butler Dr
City: Windermere
State: FL
Zip Code: 34786
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Clinical Services
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 27 / 2015
**Transaction ID : A2015-2605810**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 8444 Tibet Butler Dr

City: Windermere
State: FL
Zip Code: 34786

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 481.00

Date of Receipt: 12 / 11 / 2015
**Transaction ID : A2015-2678597**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 8444 Tibet Butler Dr

City: Windermere
State: FL
Zip Code: 34786

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 24 / 2015
**Transaction ID : A2015-2986325**

Amount of Each Receipt this Period: 19.00

[ ] Memo Item

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

Mailing Address 545 Mud College Road

City: Littlestown
State: PA
Zip Code: 17340

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1077.02

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378860**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 115.17

**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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Robert J Bein
Mailing Address: 545 Mud College Road
City: Littlestown State: PA Zip Code: 17340
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1153.95
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584242**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Robert J Bein
Mailing Address: 545 Mud College Road
City: Littlestown State: PA Zip Code: 17340
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1230.88
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692070**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Robert J Bein
Mailing Address: 545 Mud College Road
City: Littlestown State: PA Zip Code: 17340
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1307.81
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1917982**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Robert J Bein
Mailing Address: 545 Mud College Road
City: Littlestown State: PA Zip Code: 17340
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1384.74
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983756**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Robert J Bein
Mailing Address: 545 Mud College Road
City: Littlestown State: PA Zip Code: 17340
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1461.67
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148167**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Robert J Bein
Mailing Address: 545 Mud College Road
City: Littlestown State: PA Zip Code: 17340
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1538.60
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190460**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Robert J Bein
Mailing Address: 545 Mud College Road
City: Littlestown State: PA Zip Code: 17340
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1615.53
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291882**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Robert J Bein
Mailing Address: 545 Mud College Road
City: Littlestown State: PA Zip Code: 17340
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1692.46
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380126**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Robert J Bein
Mailing Address: 545 Mud College Road
City: Littlestown State: PA Zip Code: 17340
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1769.39
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485354**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 545 Mud College Road

City: Littlestown
State: PA
Zip Code: 17340

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1846.32

Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605721**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

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

Mailing Address 545 Mud College Road

City: Littlestown
State: PA
Zip Code: 17340

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1923.25

Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676954**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

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

Mailing Address 545 Mud College Road

City: Littlestown
State: PA
Zip Code: 17340

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828042**

Amount of Each Receipt this Period: 76.75

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 230.61

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Dionisio Bencomo
Mailing Address: 2851 SW 137 Court
City: Miami
State: FL
Zip Code: 33175
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.36
Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378861**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Dionisio Bencomo
Mailing Address: 2851 SW 137 Court
City: Miami
State: FL
Zip Code: 33175
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.60
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584243**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Dionisio Bencomo
Mailing Address: 2851 SW 137 Court
City: Miami
State: FL
Zip Code: 33175
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692071**
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)
[X] 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.** Full Name (Last, First, Middle Initial)
Mr. Dionisio Bencomo

Mailing Address 2851 SW 137 Court

City: Miami
State: FL
Zip Code: 33175

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
327.08

Date of Receipt
M M 08 / D D 14 / Y Y Y Y 2015

**Transaction ID : A2015-1917983**

Amount of Each Receipt this Period
19.24

[ ] Memo Item

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

Mailing Address 2851 SW 137 Court

City: Miami
State: FL
Zip Code: 33175

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
346.32

Date of Receipt
M M 08 / D D 28 / Y Y Y Y 2015

**Transaction ID : A2015-1983757**

Amount of Each Receipt this Period
19.24

[ ] Memo Item

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

Mailing Address 2851 SW 137 Court

City: Miami
State: FL
Zip Code: 33175

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
365.56

Date of Receipt
M M 09 / D D 11 / Y Y Y Y 2015

**Transaction ID : A2015-2148168**

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 2851 SW 137 Court

City: Miami
State: FL
Zip Code: 33175

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 384.80

Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190461**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 2851 SW 137 Court

City: Miami
State: FL
Zip Code: 33175

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 404.04

Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291883**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 2851 SW 137 Court

City: Miami
State: FL
Zip Code: 33175

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 423.28

Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380127**

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

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Dionisio Bencomo
Mailing Address: 2851 SW 137 Court
City: Miami
State: FL
Zip Code: 33175
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485355**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Dionisio Bencomo
Mailing Address: 2851 SW 137 Court
City: Miami
State: FL
Zip Code: 33175
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605722**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Dionisio Bencomo
Mailing Address: 2851 SW 137 Court
City: Miami
State: FL
Zip Code: 33175
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 481.00
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676955**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 2851 SW 137 Court

City: Miami
State: FL
Zip Code: 33175

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828043**

Amount of Each Receipt this Period: 19.00

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Joedy L Berkstresser

Mailing Address 4714 Gettysburg Road

City: Mechanicsburg
State: PA
Zip Code: 17055

FEC ID number of contributing federal political committee: C

Name of Employer: Select Medical Corporation
Occupation: Vice President, Information Systems

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 230.79

Date of Receipt: 12 / 31 / 2015
**Transaction ID : A2015-2986355**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

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

Mailing Address 3269 Blue Goose Road

City: Nicktown
State: PA
Zip Code: 15762

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378862**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 115.17

**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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Kelly L Blake
Mailing Address: 3269 Blue Goose Road
City: Nicktown State: PA Zip Code: 15762
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.60
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584244**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Kelly L Blake
Mailing Address: 3269 Blue Goose Road
City: Nicktown State: PA Zip Code: 15762
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692072**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Kelly L Blake
Mailing Address: 3269 Blue Goose Road
City: Nicktown State: PA Zip Code: 15762
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1917984**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Kelly L Blake
Mailing Address: 3269 Blue Goose Road
City: Nicktown State: PA Zip Code: 15762
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983758**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Kelly L Blake
Mailing Address: 3269 Blue Goose Road
City: Nicktown State: PA Zip Code: 15762
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148169**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Kelly L Blake
Mailing Address: 3269 Blue Goose Road
City: Nicktown State: PA Zip Code: 15762
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190462**
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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 3269 Blue Goose Road

City: Nicktown
State: PA
Zip Code: 15762

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 404.04

Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291884**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 3269 Blue Goose Road

City: Nicktown
State: PA
Zip Code: 15762

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 423.28

Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380128**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 3269 Blue Goose Road

City: Nicktown
State: PA
Zip Code: 15762

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 442.52

Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485356**

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

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Kelly L Blake
Mailing Address: 3269 Blue Goose Road
City: Nicktown State: PA Zip Code: 15762
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605723**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Kelly L Blake
Mailing Address: 3269 Blue Goose Road
City: Nicktown State: PA Zip Code: 15762
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 481.00
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676956**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Kelly L Blake
Mailing Address: 3269 Blue Goose Road
City: Nicktown State: PA Zip Code: 15762
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828044**
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

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Edwin A Bodensiek
Mailing Address: 3047 Terra Maria Way
City: Ellicott City
State: MD
Zip Code: 21042
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1615.32
Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378863**
Amount of Each Receipt this Period: 115.38
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Edwin A Bodensiek
Mailing Address: 3047 Terra Maria Way
City: Ellicott City
State: MD
Zip Code: 21042
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1730.70
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584245**
Amount of Each Receipt this Period: 115.38
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Edwin A Bodensiek
Mailing Address: 3047 Terra Maria Way
City: Ellicott City
State: MD
Zip Code: 21042
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1846.08
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692073**
Amount of Each Receipt this Period: 115.38
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 346.14

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

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Edwin A Bodensiek
Mailing Address: 3047 Terra Maria Way
City: Ellicott City
State: MD
Zip Code: 21042
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1961.46
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1917985**
Amount of Each Receipt this Period: 115.38
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Edwin A Bodensiek
Mailing Address: 3047 Terra Maria Way
City: Ellicott City
State: MD
Zip Code: 21042
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2076.84
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983759**
Amount of Each Receipt this Period: 115.38
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Edwin A Bodensiek
Mailing Address: 3047 Terra Maria Way
City: Ellicott City
State: MD
Zip Code: 21042
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2192.22
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148170**
Amount of Each Receipt this Period: 115.38
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 346.14

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

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

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Edwin A Bodensiek
Mailing Address: 3047 Terra Maria Way
City: Ellicott City
State: MD
Zip Code: 21042
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2307.60
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190463**
Amount of Each Receipt this Period: 115.38
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Edwin A Bodensiek
Mailing Address: 3047 Terra Maria Way
City: Ellicott City
State: MD
Zip Code: 21042
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2422.98
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291885**
Amount of Each Receipt this Period: 115.38
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Edwin A Bodensiek
Mailing Address: 3047 Terra Maria Way
City: Ellicott City
State: MD
Zip Code: 21042
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2538.36
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380129**
Amount of Each Receipt this Period: 115.38
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 346.14

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

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

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Edwin A Bodensiek
Mailing Address: 3047 Terra Maria Way
City: Ellicott City
State: MD
Zip Code: 21042
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2653.74
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485357**
Amount of Each Receipt this Period: 115.38
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Edwin A Bodensiek
Mailing Address: 3047 Terra Maria Way
City: Ellicott City
State: MD
Zip Code: 21042
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2769.12
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605724**
Amount of Each Receipt this Period: 115.38
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Edwin A Bodensiek
Mailing Address: 3047 Terra Maria Way
City: Ellicott City
State: MD
Zip Code: 21042
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2884.50
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676957**
Amount of Each Receipt this Period: 115.38
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 346.14

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Edwin A Bodensiek

Mailing Address 3047 Terra Maria Way

City: Ellicott City | State: MD | Zip Code: 21042

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2999.88

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828045**

Amount of Each Receipt this Period: 115.38

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Edwin A Bodensiek

Mailing Address 3047 Terra Maria Way

City: Ellicott City | State: MD | Zip Code: 21042

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 12 / 31 / 2015
**Transaction ID : A2015-2986332**

Amount of Each Receipt this Period: 0.12

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Michael S Boggs

Mailing Address 341 R L Wheeler Rd

City: Macon | State: GA | Zip Code: 31211

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378864**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 134.74

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Michael S Boggs

Mailing Address 341 R L Wheeler Rd

City: Macon
State: GA
Zip Code: 31211

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584246**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Michael S Boggs

Mailing Address 341 R L Wheeler Rd

City: Macon
State: GA
Zip Code: 31211

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692074**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Michael S Boggs

Mailing Address 341 R L Wheeler Rd

City: Macon
State: GA
Zip Code: 31211

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1917986**

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

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FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Michael S Boggs

Mailing Address 341 R L Wheeler Rd

City: Macon
State: GA
Zip Code: 31211

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983760**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Michael S Boggs

Mailing Address 341 R L Wheeler Rd

City: Macon
State: GA
Zip Code: 31211

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148171**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Michael S Boggs

Mailing Address 341 R L Wheeler Rd

City: Macon
State: GA
Zip Code: 31211

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 384.80

Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190464**

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Michael S Boggs

Mailing Address 341 R L Wheeler Rd

City: Macon
State: GA
Zip Code: 31211

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 404.04

Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291886**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Michael S Boggs

Mailing Address 341 R L Wheeler Rd

City: Macon
State: GA
Zip Code: 31211

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 423.28

Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380130**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Michael S Boggs

Mailing Address 341 R L Wheeler Rd

City: Macon
State: GA
Zip Code: 31211

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 442.52

Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485358**

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Michael S Boggs

Mailing Address 341 R L Wheeler Rd

City: Macon
State: GA
Zip Code: 31211

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 461.76

Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605725**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Michael S Boggs

Mailing Address 341 R L Wheeler Rd

City: Macon
State: GA
Zip Code: 31211

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 481.00

Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676958**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Michael S Boggs

Mailing Address 341 R L Wheeler Rd

City: Macon
State: GA
Zip Code: 31211

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828046**

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Theodore J Bolcavage

Mailing Address 30 Stone Run Drive

City: Mechanicsburg
State: PA
Zip Code: 17050

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 230.79

Date of Receipt: 12 / 31 / 2015
**Transaction ID : A2015-2986333**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

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

Mailing Address 2261 Turk Road

City: Doylestown
State: PA
Zip Code: 18901

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.34

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378865**

Amount of Each Receipt this Period: 192.31

[ ] Memo Item

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

Mailing Address 2261 Turk Road

City: Doylestown
State: PA
Zip Code: 18901

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2884.65

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584247**

Amount of Each Receipt this Period: 192.31

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 461.55

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Daniel F Bradley
Mailing Address: 2261 Turk Road
City: Doylestown State: PA Zip Code: 18901
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3076.96
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692075**
Amount of Each Receipt this Period: 192.31
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Daniel F Bradley
Mailing Address: 2261 Turk Road
City: Doylestown State: PA Zip Code: 18901
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3269.27
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1917987**
Amount of Each Receipt this Period: 192.31
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Daniel F Bradley
Mailing Address: 2261 Turk Road
City: Doylestown State: PA Zip Code: 18901
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3461.58
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983761**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Daniel F Bradley
Mailing Address: 2261 Turk Road
City: Doylestown State: PA Zip Code: 18901
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3653.89
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148172**
Amount of Each Receipt this Period: 192.31
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Daniel F Bradley
Mailing Address: 2261 Turk Road
City: Doylestown State: PA Zip Code: 18901
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3846.20
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190465**
Amount of Each Receipt this Period: 192.31
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Daniel F Bradley
Mailing Address: 2261 Turk Road
City: Doylestown State: PA Zip Code: 18901
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 4038.51
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291887**
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)
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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Daniel F Bradley
Mailing Address: 2261 Turk Road
City: Doylestown State: PA Zip Code: 18901
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 4230.82
Date of Receipt: M M 10 / D D 23 / Y Y Y Y 2015
**Transaction ID : A2015-2380131**
Amount of Each Receipt this Period: 192.31
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Daniel F Bradley
Mailing Address: 2261 Turk Road
City: Doylestown State: PA Zip Code: 18901
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 4423.13
Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2015
**Transaction ID : A2015-2485359**
Amount of Each Receipt this Period: 192.31
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Daniel F Bradley
Mailing Address: 2261 Turk Road
City: Doylestown State: PA Zip Code: 18901
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 4615.44
Date of Receipt: M M 11 / D D 20 / Y Y Y Y 2015
**Transaction ID : A2015-2605726**
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)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 2261 Turk Road

City: Doylestown
State: PA
Zip Code: 18901

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4807.75

Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676960**

Amount of Each Receipt this Period: 192.31

[ ] Memo Item

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

Mailing Address 2261 Turk Road

City: Doylestown
State: PA
Zip Code: 18901

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828048**

Amount of Each Receipt this Period: 192.25

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Robert H Brehm

Mailing Address 605 Chestnut St.

City: Stirling
State: NJ
Zip Code: 07980

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.34

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378866**

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Robert H Brehm

Mailing Address 605 Chestnut St.

City: Stirling | State: NJ | Zip Code: 07980

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2884.65

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584248**

Amount of Each Receipt this Period: 192.31

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Robert H Brehm

Mailing Address 605 Chestnut St.

City: Stirling | State: NJ | Zip Code: 07980

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3076.96

Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692076**

Amount of Each Receipt this Period: 192.31

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Robert H Brehm

Mailing Address 605 Chestnut St.

City: Stirling | State: NJ | Zip Code: 07980

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3269.27

Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1917988**

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Robert H Brehm

Mailing Address 605 Chestnut St.

City: Stirling | State: NJ | Zip Code: 07980

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3461.58

Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983762**

Amount of Each Receipt this Period: 192.31

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Robert H Brehm

Mailing Address 605 Chestnut St.

City: Stirling | State: NJ | Zip Code: 07980

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3653.89

Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148173**

Amount of Each Receipt this Period: 192.31

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Robert H Brehm

Mailing Address 605 Chestnut St.

City: Stirling | State: NJ | Zip Code: 07980

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.20

Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190466**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Robert H Brehm

Mailing Address 605 Chestnut St.

City: Stirling | State: NJ | Zip Code: 07980

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4038.51

Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291888**

Amount of Each Receipt this Period: 192.31

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Robert H Brehm

Mailing Address 605 Chestnut St.

City: Stirling | State: NJ | Zip Code: 07980

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4230.82

Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380132**

Amount of Each Receipt this Period: 192.31

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Robert H Brehm

Mailing Address 605 Chestnut St.

City: Stirling | State: NJ | Zip Code: 07980

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4423.13

Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485360**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Robert H Brehm

Mailing Address 605 Chestnut St.

City: Stirling
State: NJ
Zip Code: 07980

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4615.44

Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605727**

Amount of Each Receipt this Period: 192.31

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Robert H Brehm

Mailing Address 605 Chestnut St.

City: Stirling
State: NJ
Zip Code: 07980

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4807.75

Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676961**

Amount of Each Receipt this Period: 192.31

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Robert H Brehm

Mailing Address 605 Chestnut St.

City: Stirling
State: NJ
Zip Code: 07980

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828049**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Robert G Breighner
Mailing Address: 613 Carrie Drive
City: Dallastown State: PA Zip Code: 17313
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1077.02
Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378867**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Robert G Breighner
Mailing Address: 613 Carrie Drive
City: Dallastown State: PA Zip Code: 17313
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1153.95
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584249**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Robert G Breighner
Mailing Address: 613 Carrie Drive
City: Dallastown State: PA Zip Code: 17313
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1230.88
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692077**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Robert G Breighner
Mailing Address: 613 Carrie Drive
City: Dallastown State: PA Zip Code: 17313
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1307.81
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1917989**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Robert G Breighner
Mailing Address: 613 Carrie Drive
City: Dallastown State: PA Zip Code: 17313
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1384.74
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983763**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Robert G Breighner
Mailing Address: 613 Carrie Drive
City: Dallastown State: PA Zip Code: 17313
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1461.67
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148174**
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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Robert G Breighner

Mailing Address 613 Carrie Drive

City: Dallastown
State: PA
Zip Code: 17313

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1538.60

Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190467**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Robert G Breighner

Mailing Address 613 Carrie Drive

City: Dallastown
State: PA
Zip Code: 17313

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.53

Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291889**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Robert G Breighner

Mailing Address 613 Carrie Drive

City: Dallastown
State: PA
Zip Code: 17313

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1692.46

Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380133**

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

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Robert G Breighner

Mailing Address 613 Carrie Drive

City: Dallastown
State: PA
Zip Code: 17313

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1769.39

Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485361**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Robert G Breighner

Mailing Address 613 Carrie Drive

City: Dallastown
State: PA
Zip Code: 17313

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1846.32

Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605728**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Robert G Breighner

Mailing Address 613 Carrie Drive

City: Dallastown
State: PA
Zip Code: 17313

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1923.25

Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676962**

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Robert G Breighner

Mailing Address 613 Carrie Drive

City: Dallastown
State: PA
Zip Code: 17313

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828050**

Amount of Each Receipt this Period: 76.75

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Mark S Brodeur

Mailing Address 5324 Meadow Breeze Drive

City: Liberty Township
State: OH
Zip Code: 45011

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378868**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Mark S Brodeur

Mailing Address 5324 Meadow Breeze Drive

City: Liberty Township
State: OH
Zip Code: 45011

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584250**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 115.23

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

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

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Mark S Brodeur
Mailing Address: 5324 Meadow Breeze Drive
City: Liberty Township
State: OH
Zip Code: 45011
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692078**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Mark S Brodeur
Mailing Address: 5324 Meadow Breeze Drive
City: Liberty Township
State: OH
Zip Code: 45011
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1917990**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Mark S Brodeur
Mailing Address: 5324 Meadow Breeze Drive
City: Liberty Township
State: OH
Zip Code: 45011
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983764**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Mark S Brodeur

Mailing Address 5324 Meadow Breeze Drive

City: Liberty Township
State: OH
Zip Code: 45011

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148175**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Mark S Brodeur

Mailing Address 5324 Meadow Breeze Drive

City: Liberty Township
State: OH
Zip Code: 45011

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 384.80

Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190468**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Mark S Brodeur

Mailing Address 5324 Meadow Breeze Drive

City: Liberty Township
State: OH
Zip Code: 45011

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 404.04

Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291890**

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Mark S Brodeur
Mailing Address: 5324 Meadow Breeze Drive
City: Liberty Township
State: OH
Zip Code: 45011
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380134**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Mark S Brodeur
Mailing Address: 5324 Meadow Breeze Drive
City: Liberty Township
State: OH
Zip Code: 45011
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485362**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Mark S Brodeur
Mailing Address: 5324 Meadow Breeze Drive
City: Liberty Township
State: OH
Zip Code: 45011
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605729**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Mark S Brodeur

Mailing Address 5324 Meadow Breeze Drive

City: Liberty Township
State: OH
Zip Code: 45011

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 481.00

Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676963**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Mark S Brodeur

Mailing Address 5324 Meadow Breeze Drive

City: Liberty Township
State: OH
Zip Code: 45011

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828051**

Amount of Each Receipt this Period: 19.00

[ ] Memo Item

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

Mailing Address 1 Chantilly Court

City: Mechanicsburg
State: PA
Zip Code: 17050

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.46

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378869**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 153.63

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Thomas Buckingham
Mailing Address: 1 Chantilly Court
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Executive Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1730.85
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584251**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Thomas Buckingham
Mailing Address: 1 Chantilly Court
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Executive Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1846.24
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692079**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Thomas Buckingham
Mailing Address: 1 Chantilly Court
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Executive Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1961.63
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1917991**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Thomas Buckingham
Mailing Address: 1 Chantilly Court
City: Mechanicsburg State: PA Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Executive Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2077.02
Date of Receipt: 08 / 28 / 2015
Transaction ID : A2015-1983765
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Thomas Buckingham
Mailing Address: 1 Chantilly Court
City: Mechanicsburg State: PA Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Executive Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2192.41
Date of Receipt: 09 / 11 / 2015
Transaction ID : A2015-2148176
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Thomas Buckingham
Mailing Address: 1 Chantilly Court
City: Mechanicsburg State: PA Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Executive Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2307.80
Date of Receipt: 09 / 25 / 2015
Transaction ID : A2015-2190469
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Thomas Buckingham

Mailing Address 1 Chantilly Court

City: Mechanicsburg
State: PA
Zip Code: 17050

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2423.19

Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291891**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

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

Mailing Address 1 Chantilly Court

City: Mechanicsburg
State: PA
Zip Code: 17050

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2538.58

Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380135**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

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

Mailing Address 1 Chantilly Court

City: Mechanicsburg
State: PA
Zip Code: 17050

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2653.97

Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485363**

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Thomas Buckingham
Mailing Address: 1 Chantilly Court
City: Mechanicsburg State: PA Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Executive Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2769.36
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605730**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Thomas Buckingham
Mailing Address: 1 Chantilly Court
City: Mechanicsburg State: PA Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Executive Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2884.75
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676964**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Thomas Buckingham
Mailing Address: 1 Chantilly Court
City: Mechanicsburg State: PA Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Executive Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3000.00
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828052**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Ms. Sonda D Burns

Mailing Address 4009 North Shore Drive

City: Akron
State: OH
Zip Code: 44333

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M 09 / D D 25 / Y Y Y Y 2015

**Transaction ID : A2015-2190394**

Amount of Each Receipt this Period
500.00

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Robert S Buxton

Mailing Address 261 Clover Circle

City: Media
State: PA
Zip Code: 19063

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M 10 / D D 22 / Y Y Y Y 2015

**Transaction ID : A2015-2364708**

Amount of Each Receipt this Period
1000.00

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Raymond F Carnevale

Mailing Address 5801 Gemini Dr. Apt. 305

City: Madison
State: WI
Zip Code: 53718

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
1077.02

Date of Receipt
M M 07 / D D 03 / Y Y Y Y 2015

**Transaction ID : A2015-2378870**

Amount of Each Receipt this Period
76.93

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 1576.93

**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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Raymond F Carnevale
Mailing Address: 5801 Gemini Dr. Apt. 305
City: Madison State: WI Zip Code: 53718
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1153.95
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584252**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Raymond F Carnevale
Mailing Address: 5801 Gemini Dr. Apt. 305
City: Madison State: WI Zip Code: 53718
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1230.88
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692080**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Raymond F Carnevale
Mailing Address: 5801 Gemini Dr. Apt. 305
City: Madison State: WI Zip Code: 53718
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1307.81
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1917992**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Raymond F Carnevale

Mailing Address 5801 Gemini Dr. Apt. 305

City: Madison | State: WI | Zip Code: 53718

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1384.74

Date of Receipt: M M 08 / D D 28 / Y Y Y Y 2015

**Transaction ID : A2015-1983766**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Raymond F Carnevale

Mailing Address 5801 Gemini Dr. Apt. 305

City: Madison | State: WI | Zip Code: 53718

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1461.67

Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2015

**Transaction ID : A2015-2148177**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Raymond F Carnevale

Mailing Address 5801 Gemini Dr. Apt. 305

City: Madison | State: WI | Zip Code: 53718

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1538.60

Date of Receipt: M M 09 / D D 25 / Y Y Y Y 2015

**Transaction ID : A2015-2190470**

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

**A.** Full Name (Last, First, Middle Initial)
Mr. Raymond F Carnevale

Mailing Address 5801 Gemini Dr. Apt. 305

City: Madison | State: WI | Zip Code: 53718

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.53

Date of Receipt: M M 10 / D D 09 / Y Y Y Y 2015

**Transaction ID : A2015-2291892**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Raymond F Carnevale

Mailing Address 5801 Gemini Dr. Apt. 305

City: Madison | State: WI | Zip Code: 53718

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1692.46

Date of Receipt: M M 10 / D D 23 / Y Y Y Y 2015

**Transaction ID : A2015-2380136**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Raymond F Carnevale

Mailing Address 5801 Gemini Dr. Apt. 305

City: Madison | State: WI | Zip Code: 53718

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1769.39

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2015

**Transaction ID : A2015-2485364**

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

**A.** Full Name (Last, First, Middle Initial)
Mr. Raymond F Carnevale

Mailing Address 5801 Gemini Dr. Apt. 305

City: Madison | State: WI | Zip Code: 53718

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1846.32

Date of Receipt: M M 11 / D D 20 / Y Y Y Y 2015

**Transaction ID : A2015-2605731**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Raymond F Carnevale

Mailing Address 5801 Gemini Dr. Apt. 305

City: Madison | State: WI | Zip Code: 53718

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1923.25

Date of Receipt: M M 12 / D D 04 / Y Y Y Y 2015

**Transaction ID : A2015-2676965**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Raymond F Carnevale

Mailing Address 5801 Gemini Dr. Apt. 305

City: Madison | State: WI | Zip Code: 53718

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2015

**Transaction ID : A2015-2828053**

Amount of Each Receipt this Period: 76.75

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 230.61

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

# SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mrs. Marinella Castroman

Mailing Address 2971 Stanfield Avenue

City: Orlando
State: FL
Zip Code: 32814

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.46

Date of Receipt: M M 07 / D D 03 / Y Y Y Y 2015

**Transaction ID : A2015-2378871**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

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

Mailing Address 2971 Stanfield Avenue

City: Orlando
State: FL
Zip Code: 32814

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.85

Date of Receipt: M M 07 / D D 17 / Y Y Y Y 2015

**Transaction ID : A2015-1584253**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

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

Mailing Address 2971 Stanfield Avenue

City: Orlando
State: FL
Zip Code: 32814

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1846.24

Date of Receipt: M M 07 / D D 31 / Y Y Y Y 2015

**Transaction ID : A2015-1692081**

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Marinella Castroman
Mailing Address: 2971 Stanfield Avenue
City: Orlando State: FL Zip Code: 32814
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1961.63
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1917993**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Marinella Castroman
Mailing Address: 2971 Stanfield Avenue
City: Orlando State: FL Zip Code: 32814
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2077.02
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983767**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Marinella Castroman
Mailing Address: 2971 Stanfield Avenue
City: Orlando State: FL Zip Code: 32814
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2192.41
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148178**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Marinella Castroman
Mailing Address: 2971 Stanfield Avenue
City: Orlando State: FL Zip Code: 32814
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2307.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190471**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Marinella Castroman
Mailing Address: 2971 Stanfield Avenue
City: Orlando State: FL Zip Code: 32814
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2423.19
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291893**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Marinella Castroman
Mailing Address: 2971 Stanfield Avenue
City: Orlando State: FL Zip Code: 32814
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2538.58
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380137**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Marinella Castroman
Mailing Address: 2971 Stanfield Avenue
City: Orlando State: FL Zip Code: 32814
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2653.97
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485365**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Marinella Castroman
Mailing Address: 2971 Stanfield Avenue
City: Orlando State: FL Zip Code: 32814
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2769.36
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605732**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Marinella Castroman
Mailing Address: 2971 Stanfield Avenue
City: Orlando State: FL Zip Code: 32814
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2884.75
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676966**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mrs. Marinella Castroman

Mailing Address 2971 Stanfield Avenue

City: Orlando | State: FL | Zip Code: 32814

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828054**

Amount of Each Receipt this Period: 115.25

[ ] Memo Item

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

Mailing Address 109 Lavynndon Lane

City: Mechanicsburg | State: PA | Zip Code: 17055

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 28 / 2015
**Transaction ID : A2015-2381234**

Amount of Each Receipt this Period: 5000.00

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mrs. Melinda D Comer

Mailing Address 503 Peach Spring

City: Houston | State: TX | Zip Code: 77037

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378872**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 5134.49

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Melinda D Comer
Mailing Address: 503 Peach Spring
City: Houston
State: TX
Zip Code: 77037
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.60
Date of Receipt: 07 / 17 / 2015
Transaction ID : A2015-1584254
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Melinda D Comer
Mailing Address: 503 Peach Spring
City: Houston
State: TX
Zip Code: 77037
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 07 / 31 / 2015
Transaction ID : A2015-1692082
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Melinda D Comer
Mailing Address: 503 Peach Spring
City: Houston
State: TX
Zip Code: 77037
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 14 / 2015
Transaction ID : A2015-1917994
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Melinda D Comer
Mailing Address: 503 Peach Spring
City: Houston | State: TX | Zip Code: 77037
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983768**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Melinda D Comer
Mailing Address: 503 Peach Spring
City: Houston | State: TX | Zip Code: 77037
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148179**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Melinda D Comer
Mailing Address: 503 Peach Spring
City: Houston | State: TX | Zip Code: 77037
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190472**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mrs. Melinda D Comer

Mailing Address 503 Peach Spring

City: Houston
State: TX
Zip Code: 77037

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 404.04

Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291894**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mrs. Melinda D Comer

Mailing Address 503 Peach Spring

City: Houston
State: TX
Zip Code: 77037

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 423.28

Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380138**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mrs. Melinda D Comer

Mailing Address 503 Peach Spring

City: Houston
State: TX
Zip Code: 77037

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 442.52

Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485366**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Melinda D Comer
Mailing Address: 503 Peach Spring
City: Houston
State: TX
Zip Code: 77037
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605733**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Melinda D Comer
Mailing Address: 503 Peach Spring
City: Houston
State: TX
Zip Code: 77037
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 481.00
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676967**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Melinda D Comer
Mailing Address: 503 Peach Spring
City: Houston
State: TX
Zip Code: 77037
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828055**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Jevne R Conover
Mailing Address: 11896 Lakeshore Drive
City: Grand Haven
State: MI
Zip Code: 49417
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1077.02
Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378873**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Jevne R Conover
Mailing Address: 11896 Lakeshore Drive
City: Grand Haven
State: MI
Zip Code: 49417
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1153.95
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584255**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Jevne R Conover
Mailing Address: 11896 Lakeshore Drive
City: Grand Haven
State: MI
Zip Code: 49417
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1230.88
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692083**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Jevne R Conover
Mailing Address: 11896 Lakeshore Drive
City: Grand Haven
State: MI
Zip Code: 49417
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1307.81
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1917995**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Jevne R Conover
Mailing Address: 11896 Lakeshore Drive
City: Grand Haven
State: MI
Zip Code: 49417
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1384.74
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983769**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Jevne R Conover
Mailing Address: 11896 Lakeshore Drive
City: Grand Haven
State: MI
Zip Code: 49417
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1461.67
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148180**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Jevne R Conover
Mailing Address: 11896 Lakeshore Drive
City: Grand Haven
State: MI
Zip Code: 49417
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1538.60
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190473**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Jevne R Conover
Mailing Address: 11896 Lakeshore Drive
City: Grand Haven
State: MI
Zip Code: 49417
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1615.53
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291895**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Jevne R Conover
Mailing Address: 11896 Lakeshore Drive
City: Grand Haven
State: MI
Zip Code: 49417
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1692.46
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380139**
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

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Jevne R Conover
Mailing Address: 11896 Lakeshore Drive
City: Grand Haven
State: MI
Zip Code: 49417
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1769.39
Date of Receipt: 11 / 06 / 2015
Transaction ID : A2015-2485367
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Jevne R Conover
Mailing Address: 11896 Lakeshore Drive
City: Grand Haven
State: MI
Zip Code: 49417
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1846.32
Date of Receipt: 11 / 20 / 2015
Transaction ID : A2015-2605734
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Jevne R Conover
Mailing Address: 11896 Lakeshore Drive
City: Grand Haven
State: MI
Zip Code: 49417
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1884.79
Date of Receipt: 12 / 04 / 2015
Transaction ID : A2015-2676968
Amount of Each Receipt this Period: 38.47
[ ] 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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 11896 Lakeshore Drive

City: Grand Haven
State: MI
Zip Code: 49417

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1923.26

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828056**

Amount of Each Receipt this Period: 38.47

[ ] Memo Item

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

Mailing Address 11896 Lakeshore Drive

City: Grand Haven
State: MI
Zip Code: 49417

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1961.73

Date of Receipt: 12 / 31 / 2015
**Transaction ID : A2015-2986334**

Amount of Each Receipt this Period: 38.47

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mrs. Carolyn N Curnane

Mailing Address 1615 Linda Drive

City: West Chester
State: PA
Zip Code: 19380

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378874**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 96.18

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Carolyn N Curnane
Mailing Address: 1615 Linda Drive
City: West Chester
State: PA
Zip Code: 19380
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.60
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584256**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Carolyn N Curnane
Mailing Address: 1615 Linda Drive
City: West Chester
State: PA
Zip Code: 19380
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692084**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Carolyn N Curnane
Mailing Address: 1615 Linda Drive
City: West Chester
State: PA
Zip Code: 19380
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1917996**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Carolyn N Curnane
Mailing Address: 1615 Linda Drive
City: West Chester State: PA Zip Code: 19380
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983770**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Carolyn N Curnane
Mailing Address: 1615 Linda Drive
City: West Chester State: PA Zip Code: 19380
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148181**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Carolyn N Curnane
Mailing Address: 1615 Linda Drive
City: West Chester State: PA Zip Code: 19380
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190474**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mrs. Carolyn N Curnane

Mailing Address 1615 Linda Drive

City: West Chester
State: PA
Zip Code: 19380

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 404.04

Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291896**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mrs. Carolyn N Curnane

Mailing Address 1615 Linda Drive

City: West Chester
State: PA
Zip Code: 19380

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 423.28

Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380140**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mrs. Carolyn N Curnane

Mailing Address 1615 Linda Drive

City: West Chester
State: PA
Zip Code: 19380

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 442.52

Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485368**

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mrs. Carolyn N Curnane

Mailing Address 1615 Linda Drive

City: West Chester
State: PA
Zip Code: 19380

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
461.76

Date of Receipt
M M 11 / D D 20 / Y Y Y Y 2015

**Transaction ID : A2015-2605735**

Amount of Each Receipt this Period
19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mrs. Carolyn N Curnane

Mailing Address 1615 Linda Drive

City: West Chester
State: PA
Zip Code: 19380

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
481.00

Date of Receipt
M M 12 / D D 04 / Y Y Y Y 2015

**Transaction ID : A2015-2676969**

Amount of Each Receipt this Period
19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mrs. Carolyn N Curnane

Mailing Address 1615 Linda Drive

City: West Chester
State: PA
Zip Code: 19380

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M 12 / D D 18 / Y Y Y Y 2015

**Transaction ID : A2015-2828057**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Brian E Davis
Mailing Address: 1211 High Hollow
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1615.46
Date of Receipt: 07 / 03 / 2015
Transaction ID : A2015-2378875
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Brian E Davis
Mailing Address: 1211 High Hollow
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1730.85
Date of Receipt: 07 / 17 / 2015
Transaction ID : A2015-1584257
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Brian E Davis
Mailing Address: 1211 High Hollow
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1846.24
Date of Receipt: 07 / 31 / 2015
Transaction ID : A2015-1692085
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Brian E Davis
Mailing Address: 1211 High Hollow
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1961.63
Date of Receipt: 08 / 14 / 2015
Transaction ID : A2015-1917997
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Brian E Davis
Mailing Address: 1211 High Hollow
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2077.02
Date of Receipt: 08 / 28 / 2015
Transaction ID : A2015-1983771
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Brian E Davis
Mailing Address: 1211 High Hollow
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2192.41
Date of Receipt: 09 / 11 / 2015
Transaction ID : A2015-2148182
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Brian E Davis
Mailing Address: 1211 High Hollow
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2307.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190475**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Brian E Davis
Mailing Address: 1211 High Hollow
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2423.19
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291897**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Brian E Davis
Mailing Address: 1211 High Hollow
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2538.58
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380141**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Brian E Davis
Mailing Address: 1211 High Hollow
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2653.97
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485369**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Brian E Davis
Mailing Address: 1211 High Hollow
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2769.36
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605736**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Brian E Davis
Mailing Address: 1211 High Hollow
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2884.75
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676970**
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

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 1211 High Hollow

City: Mechanicsburg
State: PA
Zip Code: 17050

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828058**

Amount of Each Receipt this Period: 115.25

[ ] Memo Item

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

Mailing Address 3022 Eagle Point Way

City: Tallahassee
State: FL
Zip Code: 32312

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378876**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 3022 Eagle Point Way

City: Tallahassee
State: FL
Zip Code: 32312

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584258**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 153.73

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

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

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

FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Lora A Davis
Mailing Address: 3022 Eagle Point Way
City: Tallahassee State: FL Zip Code: 32312
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692086**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Lora A Davis
Mailing Address: 3022 Eagle Point Way
City: Tallahassee State: FL Zip Code: 32312
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1917998**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Lora A Davis
Mailing Address: 3022 Eagle Point Way
City: Tallahassee State: FL Zip Code: 32312
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983772**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Lora A Davis
Mailing Address: 3022 Eagle Point Way
City: Tallahassee State: FL Zip Code: 32312
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148183**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Lora A Davis
Mailing Address: 3022 Eagle Point Way
City: Tallahassee State: FL Zip Code: 32312
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190476**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Lora A Davis
Mailing Address: 3022 Eagle Point Way
City: Tallahassee State: FL Zip Code: 32312
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291898**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 3022 Eagle Point Way

City: Tallahassee
State: FL
Zip Code: 32312

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
423.28

Date of Receipt
M M 10 / D D 23 / Y Y Y Y 2015

**Transaction ID : A2015-2380142**

Amount of Each Receipt this Period
19.24

[ ] Memo Item

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

Mailing Address 3022 Eagle Point Way

City: Tallahassee
State: FL
Zip Code: 32312

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
442.52

Date of Receipt
M M 11 / D D 06 / Y Y Y Y 2015

**Transaction ID : A2015-2485370**

Amount of Each Receipt this Period
19.24

[ ] Memo Item

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

Mailing Address 3022 Eagle Point Way

City: Tallahassee
State: FL
Zip Code: 32312

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
461.76

Date of Receipt
M M 11 / D D 20 / Y Y Y Y 2015

**Transaction ID : A2015-2605737**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Lora A Davis
Mailing Address: 3022 Eagle Point Way
City: Tallahassee State: FL Zip Code: 32312
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 577.15
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676971**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Lora A Davis
Mailing Address: 3022 Eagle Point Way
City: Tallahassee State: FL Zip Code: 32312
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 692.54
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828059**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Lora A Davis
Mailing Address: 3022 Eagle Point Way
City: Tallahassee State: FL Zip Code: 32312
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 807.93
Date of Receipt: 12 / 31 / 2015
**Transaction ID : A2015-2986335**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 1019 Deerfield Road

City: Richmond
State: TX
Zip Code: 77406

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.46

Date of Receipt: M M 07 / D D 03 / Y Y Y Y 2015

**Transaction ID : A2015-2378877**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

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

Mailing Address 1019 Deerfield Road

City: Richmond
State: TX
Zip Code: 77406

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.85

Date of Receipt: M M 07 / D D 17 / Y Y Y Y 2015

**Transaction ID : A2015-1584259**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

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

Mailing Address 1019 Deerfield Road

City: Richmond
State: TX
Zip Code: 77406

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1846.24

Date of Receipt: M M 07 / D D 31 / Y Y Y Y 2015

**Transaction ID : A2015-1692087**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 1019 Deerfield Road

City: Richmond
State: TX
Zip Code: 77406

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1961.63

Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1917999**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

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

Mailing Address 1019 Deerfield Road

City: Richmond
State: TX
Zip Code: 77406

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2077.02

Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983773**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

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

Mailing Address 1019 Deerfield Road

City: Richmond
State: TX
Zip Code: 77406

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2192.41

Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148184**

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Teresa L Davis
Mailing Address: 1019 Deerfield Road
City: Richmond State: TX Zip Code: 77406
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2307.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190477**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Teresa L Davis
Mailing Address: 1019 Deerfield Road
City: Richmond State: TX Zip Code: 77406
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2423.19
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291899**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Teresa L Davis
Mailing Address: 1019 Deerfield Road
City: Richmond State: TX Zip Code: 77406
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2538.58
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380143**
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

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Teresa L Davis
Mailing Address: 1019 Deerfield Road
City: Richmond State: TX Zip Code: 77406
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2653.97
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485371**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Teresa L Davis
Mailing Address: 1019 Deerfield Road
City: Richmond State: TX Zip Code: 77406
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2769.36
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605738**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Teresa L Davis
Mailing Address: 1019 Deerfield Road
City: Richmond State: TX Zip Code: 77406
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2807.83
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676972**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 1019 Deerfield Road

City: Richmond
State: TX
Zip Code: 77406

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2846.30

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828060**

Amount of Each Receipt this Period: 38.47

[ ] Memo Item

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

Mailing Address 1019 Deerfield Road

City: Richmond
State: TX
Zip Code: 77406

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2884.77

Date of Receipt: 12 / 31 / 2015
**Transaction ID : A2015-2986336**

Amount of Each Receipt this Period: 38.47

[ ] Memo Item

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

Mailing Address 6421 Farmcrest Lane

City: Harrisburg
State: PA
Zip Code: 17111

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1077.02

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378878**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 153.87

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Stefanie A Dean
Mailing Address: 6421 Farmcrest Lane
City: Harrisburg
State: PA
Zip Code: 17111
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1153.95
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584260**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Stefanie A Dean
Mailing Address: 6421 Farmcrest Lane
City: Harrisburg
State: PA
Zip Code: 17111
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1230.88
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692088**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Stefanie A Dean
Mailing Address: 6421 Farmcrest Lane
City: Harrisburg
State: PA
Zip Code: 17111
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1307.81
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918000**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Stefanie A Dean
Mailing Address: 6421 Farmcrest Lane
City: Harrisburg
State: PA
Zip Code: 17111
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1384.74
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983774**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Stefanie A Dean
Mailing Address: 6421 Farmcrest Lane
City: Harrisburg
State: PA
Zip Code: 17111
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1461.67
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148185**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Stefanie A Dean
Mailing Address: 6421 Farmcrest Lane
City: Harrisburg
State: PA
Zip Code: 17111
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1538.60
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190478**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Stefanie A Dean
Mailing Address: 6421 Farmcrest Lane
City: Harrisburg
State: PA
Zip Code: 17111
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1615.53
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291900**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Stefanie A Dean
Mailing Address: 6421 Farmcrest Lane
City: Harrisburg
State: PA
Zip Code: 17111
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1692.46
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380144**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Stefanie A Dean
Mailing Address: 6421 Farmcrest Lane
City: Harrisburg
State: PA
Zip Code: 17111
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1769.39
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485372**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Stefanie A Dean
Mailing Address: 6421 Farmcrest Lane
City: Harrisburg
State: PA
Zip Code: 17111
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1846.32
Date of Receipt: 11 / 20 / 2015
Transaction ID : A2015-2605739
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Stefanie A Dean
Mailing Address: 6421 Farmcrest Lane
City: Harrisburg
State: PA
Zip Code: 17111
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1961.71
Date of Receipt: 12 / 04 / 2015
Transaction ID : A2015-2676973
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Stefanie A Dean
Mailing Address: 6421 Farmcrest Lane
City: Harrisburg
State: PA
Zip Code: 17111
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2077.10
Date of Receipt: 12 / 18 / 2015
Transaction ID : A2015-2828061
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

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

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 6421 Farmcrest Lane

City: Harrisburg
State: PA
Zip Code: 17111

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2192.49

Date of Receipt: 12 / 31 / 2015
**Transaction ID : A2015-2986337**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

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

Mailing Address 700 Trombley

City: Grosse Pointe Park
State: MI
Zip Code: 48230

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378879**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 700 Trombley

City: Grosse Pointe Park
State: MI
Zip Code: 48230

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584261**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 153.87

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 700 Trombley

City: Grosse Pointe Park
State: MI
Zip Code: 48230

FEC ID number of contributing federal political committee. C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692089**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 700 Trombley

City: Grosse Pointe Park
State: MI
Zip Code: 48230

FEC ID number of contributing federal political committee. C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918001**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 700 Trombley

City: Grosse Pointe Park
State: MI
Zip Code: 48230

FEC ID number of contributing federal political committee. C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983775**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Miriam R Deemer
Mailing Address: 700 Trombley
City: Grosse Pointe Park
State: MI
Zip Code: 48230
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2015
**Transaction ID : A2015-2148186**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Miriam R Deemer
Mailing Address: 700 Trombley
City: Grosse Pointe Park
State: MI
Zip Code: 48230
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: M M 09 / D D 25 / Y Y Y Y 2015
**Transaction ID : A2015-2190479**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Miriam R Deemer
Mailing Address: 700 Trombley
City: Grosse Pointe Park
State: MI
Zip Code: 48230
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: M M 10 / D D 09 / Y Y Y Y 2015
**Transaction ID : A2015-2291901**
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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Miriam R Deemer
Mailing Address: 700 Trombley
City: Grosse Pointe Park
State: MI
Zip Code: 48230
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: M M 10 / D D 23 / Y Y Y Y 2015
**Transaction ID : A2015-2380145**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Miriam R Deemer
Mailing Address: 700 Trombley
City: Grosse Pointe Park
State: MI
Zip Code: 48230
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2015
**Transaction ID : A2015-2485373**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Miriam R Deemer
Mailing Address: 700 Trombley
City: Grosse Pointe Park
State: MI
Zip Code: 48230
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: M M 11 / D D 20 / Y Y Y Y 2015
**Transaction ID : A2015-2605740**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Miriam R Deemer
Mailing Address: 700 Trombley
City: Grosse Pointe Park
State: MI
Zip Code: 48230
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.23
Date of Receipt: M M 12 / D D 04 / Y Y Y Y 2015
**Transaction ID : A2015-2676974**
Amount of Each Receipt this Period: 38.47
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Miriam R Deemer
Mailing Address: 700 Trombley
City: Grosse Pointe Park
State: MI
Zip Code: 48230
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 538.70
Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2015
**Transaction ID : A2015-2828062**
Amount of Each Receipt this Period: 38.47
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Miriam R Deemer
Mailing Address: 700 Trombley
City: Grosse Pointe Park
State: MI
Zip Code: 48230
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 577.17
Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2015
**Transaction ID : A2015-2986338**
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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. David J DeGumbia
Mailing Address: 383 Pattonwood Dr
City: Southington State: CT Zip Code: 06489
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1615.46
Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378880**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. David J DeGumbia
Mailing Address: 383 Pattonwood Dr
City: Southington State: CT Zip Code: 06489
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1730.85
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584262**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. David J DeGumbia
Mailing Address: 383 Pattonwood Dr
City: Southington State: CT Zip Code: 06489
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1846.24
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692090**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. David J DeGumbia

Mailing Address 383 Pattonwood Dr

City: Southington
State: CT
Zip Code: 06489

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1961.63

Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918002**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

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

Mailing Address 383 Pattonwood Dr

City: Southington
State: CT
Zip Code: 06489

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2077.02

Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983776**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. David J DeGumbia

Mailing Address 383 Pattonwood Dr

City: Southington
State: CT
Zip Code: 06489

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2192.41

Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148187**

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. David J DeGumbia
Mailing Address: 383 Pattonwood Dr
City: Southington State: CT Zip Code: 06489
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2307.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190480**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. David J DeGumbia
Mailing Address: 383 Pattonwood Dr
City: Southington State: CT Zip Code: 06489
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2423.19
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291902**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. David J DeGumbia
Mailing Address: 383 Pattonwood Dr
City: Southington State: CT Zip Code: 06489
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2538.58
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380146**
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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. David J DeGumbia
Mailing Address: 383 Pattonwood Dr
City: Southington State: CT Zip Code: 06489
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2653.97
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485374**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. David J DeGumbia
Mailing Address: 383 Pattonwood Dr
City: Southington State: CT Zip Code: 06489
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2769.36
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605741**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. David J DeGumbia
Mailing Address: 383 Pattonwood Dr
City: Southington State: CT Zip Code: 06489
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2884.75
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676975**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. David J DeGumbia

Mailing Address 383 Pattonwood Dr

City: Southington
State: CT
Zip Code: 06489

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828063**

Amount of Each Receipt this Period: 115.25

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Jr. James L Dehoff Jr.

Mailing Address 1317 Abington Way

City: Mechanicsburg
State: PA
Zip Code: 17050

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 08 / 2015
**Transaction ID : A2015-2242371**

Amount of Each Receipt this Period: 5000.00

[ ] Memo Item

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

Mailing Address 24 Tavern House Hill

City: Mechanicsburg
State: PA
Zip Code: 17050

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Vice President

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 230.79

Date of Receipt: 12 / 31 / 2015
**Transaction ID : A2015-2986363**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 5192.18

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

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Robert DiLullo
Mailing Address: 860 Beachwood Road
City: Havertown
State: PA
Zip Code: 19083
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 538.58
Date of Receipt: 07 / 10 / 2015
**Transaction ID : A2015-1464776**
Amount of Each Receipt this Period: 38.47
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Robert DiLullo
Mailing Address: 860 Beachwood Road
City: Havertown
State: PA
Zip Code: 19083
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 577.05
Date of Receipt: 07 / 24 / 2015
**Transaction ID : A2015-1675685**
Amount of Each Receipt this Period: 38.47
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Robert DiLullo
Mailing Address: 860 Beachwood Road
City: Havertown
State: PA
Zip Code: 19083
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 615.52
Date of Receipt: 08 / 07 / 2015
**Transaction ID : A2015-1730218**
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)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Robert DiLullo
Mailing Address: 860 Beachwood Road
City: Havertown
State: PA
Zip Code: 19083
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 653.99
Date of Receipt: 08 / 21 / 2015
**Transaction ID : A2015-1918074**
Amount of Each Receipt this Period: 38.47
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Robert DiLullo
Mailing Address: 860 Beachwood Road
City: Havertown
State: PA
Zip Code: 19083
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 692.46
Date of Receipt: 09 / 04 / 2015
**Transaction ID : A2015-1983848**
Amount of Each Receipt this Period: 38.47
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Robert DiLullo
Mailing Address: 860 Beachwood Road
City: Havertown
State: PA
Zip Code: 19083
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 730.93
Date of Receipt: 09 / 18 / 2015
**Transaction ID : A2015-2162674**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Robert DiLullo
Mailing Address: 860 Beachwood Road
City: Havertown
State: PA
Zip Code: 19083
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 769.40
Date of Receipt: 10 / 02 / 2015
Transaction ID : A2015-2237188
Amount of Each Receipt this Period: 38.47
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Robert DiLullo
Mailing Address: 860 Beachwood Road
City: Havertown
State: PA
Zip Code: 19083
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 807.87
Date of Receipt: 10 / 19 / 2015
Transaction ID : A2015-2358121
Amount of Each Receipt this Period: 38.47
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Robert DiLullo
Mailing Address: 860 Beachwood Road
City: Havertown
State: PA
Zip Code: 19083
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 846.34
Date of Receipt: 10 / 30 / 2015
Transaction ID : A2015-2485344
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Robert DiLullo
Mailing Address: 860 Beachwood Road
City: Havertown
State: PA
Zip Code: 19083
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 884.81
Date of Receipt: 11 / 13 / 2015
**Transaction ID : A2015-2605711**
Amount of Each Receipt this Period: 38.47
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Robert DiLullo
Mailing Address: 860 Beachwood Road
City: Havertown
State: PA
Zip Code: 19083
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 923.28
Date of Receipt: 11 / 27 / 2015
**Transaction ID : A2015-2605811**
Amount of Each Receipt this Period: 38.47
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Robert DiLullo
Mailing Address: 860 Beachwood Road
City: Havertown
State: PA
Zip Code: 19083
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 961.75
Date of Receipt: 12 / 11 / 2015
**Transaction ID : A2015-2678598**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial): Mr. Robert DiLullo
Mailing Address: 860 Beachwood Road
City: Havertown | State: PA | Zip Code: 19083
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.22
Date of Receipt: 12/24/2015
**Transaction ID : A2015-2986326**
Amount of Each Receipt this Period: 38.47
[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial): Mr. Philip J Driscoll
Mailing Address: 38 Van Doren Way
City: Belle Mead | State: NJ | Zip Code: 08502
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.36
Date of Receipt: 07/03/2015
**Transaction ID : A2015-2378881**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial): Mr. Philip J Driscoll
Mailing Address: 38 Van Doren Way
City: Belle Mead | State: NJ | Zip Code: 08502
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.60
Date of Receipt: 07/17/2015
**Transaction ID : A2015-1584263**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 76.95

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

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Philip J Driscoll

Mailing Address 38 Van Doren Way

City: Belle Mead
State: NJ
Zip Code: 08502

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
307.84

Date of Receipt
M M 07 / D D 31 / Y Y Y Y 2015

**Transaction ID : A2015-1692091**

Amount of Each Receipt this Period
19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Philip J Driscoll

Mailing Address 38 Van Doren Way

City: Belle Mead
State: NJ
Zip Code: 08502

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
327.08

Date of Receipt
M M 08 / D D 14 / Y Y Y Y 2015

**Transaction ID : A2015-1918003**

Amount of Each Receipt this Period
19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Philip J Driscoll

Mailing Address 38 Van Doren Way

City: Belle Mead
State: NJ
Zip Code: 08502

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
346.32

Date of Receipt
M M 08 / D D 28 / Y Y Y Y 2015

**Transaction ID : A2015-1983777**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Philip J Driscoll
Mailing Address: 38 Van Doren Way
City: Belle Mead | State: NJ | Zip Code: 08502
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2015
**Transaction ID : A2015-2148188**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Philip J Driscoll
Mailing Address: 38 Van Doren Way
City: Belle Mead | State: NJ | Zip Code: 08502
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: M M 09 / D D 25 / Y Y Y Y 2015
**Transaction ID : A2015-2190481**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Philip J Driscoll
Mailing Address: 38 Van Doren Way
City: Belle Mead | State: NJ | Zip Code: 08502
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: M M 10 / D D 09 / Y Y Y Y 2015
**Transaction ID : A2015-2291903**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Philip J Driscoll

Mailing Address 38 Van Doren Way

City: Belle Mead
State: NJ
Zip Code: 08502

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
423.28

Date of Receipt
M M 10 / D D 23 / Y Y Y Y 2015

**Transaction ID : A2015-2380147**

Amount of Each Receipt this Period
19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Philip J Driscoll

Mailing Address 38 Van Doren Way

City: Belle Mead
State: NJ
Zip Code: 08502

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
442.52

Date of Receipt
M M 11 / D D 06 / Y Y Y Y 2015

**Transaction ID : A2015-2485375**

Amount of Each Receipt this Period
19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Philip J Driscoll

Mailing Address 38 Van Doren Way

City: Belle Mead
State: NJ
Zip Code: 08502

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
461.76

Date of Receipt
M M 11 / D D 20 / Y Y Y Y 2015

**Transaction ID : A2015-2605742**

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Philip J Driscoll

Mailing Address 38 Van Doren Way

City: Belle Mead
State: NJ
Zip Code: 08502

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 481.00

Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676976**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Philip J Driscoll

Mailing Address 38 Van Doren Way

City: Belle Mead
State: NJ
Zip Code: 08502

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828064**

Amount of Each Receipt this Period: 19.00

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mrs. Cherie J Elledge

Mailing Address 1838 Red Spruce Lane

City: Mechanicsburg
State: PA
Zip Code: 17050

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.46

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378882**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 153.63

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Cherie J Elledge
Mailing Address: 1838 Red Spruce Lane
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1730.85
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584264**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Cherie J Elledge
Mailing Address: 1838 Red Spruce Lane
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1846.24
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692092**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Cherie J Elledge
Mailing Address: 1838 Red Spruce Lane
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1961.63
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918004**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Cherie J Elledge
Mailing Address: 1838 Red Spruce Lane
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2077.02
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983778**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Cherie J Elledge
Mailing Address: 1838 Red Spruce Lane
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2192.41
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148189**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Cherie J Elledge
Mailing Address: 1838 Red Spruce Lane
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2307.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190482**
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

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Cherie J Elledge
Mailing Address: 1838 Red Spruce Lane
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2423.19
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291904**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Cherie J Elledge
Mailing Address: 1838 Red Spruce Lane
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2538.58
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380148**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Cherie J Elledge
Mailing Address: 1838 Red Spruce Lane
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2653.97
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485376**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. David D Engelhardt
Mailing Address: 2772 Irene Circle
City: Roseville
State: MN
Zip Code: 55113
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1077.02
Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378883**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. David D Engelhardt
Mailing Address: 2772 Irene Circle
City: Roseville
State: MN
Zip Code: 55113
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1153.95
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584265**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. David D Engelhardt
Mailing Address: 2772 Irene Circle
City: Roseville
State: MN
Zip Code: 55113
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1230.88
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692093**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. David D Engelhardt
Mailing Address: 2772 Irene Circle
City: Roseville
State: MN
Zip Code: 55113
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1307.81
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918005**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. David D Engelhardt
Mailing Address: 2772 Irene Circle
City: Roseville
State: MN
Zip Code: 55113
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1384.74
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983779**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. David D Engelhardt
Mailing Address: 2772 Irene Circle
City: Roseville
State: MN
Zip Code: 55113
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1461.67
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148190**
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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. David D Engelhardt
Mailing Address: 2772 Irene Circle
City: Roseville
State: MN
Zip Code: 55113
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1538.60
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190483**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. David D Engelhardt
Mailing Address: 2772 Irene Circle
City: Roseville
State: MN
Zip Code: 55113
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1615.53
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291905**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. David D Engelhardt
Mailing Address: 2772 Irene Circle
City: Roseville
State: MN
Zip Code: 55113
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1692.46
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380149**
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)
[X] 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.**
Full Name (Last, First, Middle Initial): Mr. David D Engelhardt
Mailing Address: 2772 Irene Circle
City: Roseville State: MN Zip Code: 55113
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1769.39
Date of Receipt: 11 / 06 / 2015
Transaction ID : A2015-2485377
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. David D Engelhardt
Mailing Address: 2772 Irene Circle
City: Roseville State: MN Zip Code: 55113
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1846.32
Date of Receipt: 11 / 20 / 2015
Transaction ID : A2015-2605743
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. David D Engelhardt
Mailing Address: 2772 Irene Circle
City: Roseville State: MN Zip Code: 55113
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1961.71
Date of Receipt: 12 / 04 / 2015
Transaction ID : A2015-2676977
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 2772 Irene Circle

City: Roseville
State: MN
Zip Code: 55113

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2077.10

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828065**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

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

Mailing Address 2772 Irene Circle

City: Roseville
State: MN
Zip Code: 55113

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2192.49

Date of Receipt: 12 / 31 / 2015
**Transaction ID : A2015-2986339**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Paul G Finkbeiner

Mailing Address 24 Strayer Drive

City: Carlisle
State: PA
Zip Code: 17013

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378884**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Paul G Finkbeiner
Mailing Address: 24 Strayer Drive
City: Carlisle State: PA Zip Code: 17013
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.60
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584266**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Paul G Finkbeiner
Mailing Address: 24 Strayer Drive
City: Carlisle State: PA Zip Code: 17013
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692094**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Paul G Finkbeiner
Mailing Address: 24 Strayer Drive
City: Carlisle State: PA Zip Code: 17013
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918006**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Paul G Finkbeiner
Mailing Address: 24 Strayer Drive
City: Carlisle State: PA Zip Code: 17013
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 08 / 28 / 2015
Transaction ID : A2015-1983780
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Paul G Finkbeiner
Mailing Address: 24 Strayer Drive
City: Carlisle State: PA Zip Code: 17013
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 11 / 2015
Transaction ID : A2015-2148191
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Paul G Finkbeiner
Mailing Address: 24 Strayer Drive
City: Carlisle State: PA Zip Code: 17013
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 09 / 25 / 2015
Transaction ID : A2015-2190484
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Paul G Finkbeiner
Mailing Address: 24 Strayer Drive
City: Carlisle State: PA Zip Code: 17013
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291906**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Paul G Finkbeiner
Mailing Address: 24 Strayer Drive
City: Carlisle State: PA Zip Code: 17013
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380150**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Paul G Finkbeiner
Mailing Address: 24 Strayer Drive
City: Carlisle State: PA Zip Code: 17013
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485378**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Paul G Finkbeiner
Mailing Address: 24 Strayer Drive
City: Carlisle State: PA Zip Code: 17013
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
Transaction ID : A2015-2605744
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Paul G Finkbeiner
Mailing Address: 24 Strayer Drive
City: Carlisle State: PA Zip Code: 17013
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 481.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : A2015-2676978
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Paul G Finkbeiner
Mailing Address: 24 Strayer Drive
City: Carlisle State: PA Zip Code: 17013
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : A2015-2828066
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Patti Finnegan
Mailing Address: 939 Arlington Glen Drive
City: Fenton State: MO Zip Code: 63026
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Operating Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.36
Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378885**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Patti Finnegan
Mailing Address: 939 Arlington Glen Drive
City: Fenton State: MO Zip Code: 63026
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Operating Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.60
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584267**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Patti Finnegan
Mailing Address: 939 Arlington Glen Drive
City: Fenton State: MO Zip Code: 63026
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Operating Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692095**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Patti Finnegan
Mailing Address: 939 Arlington Glen Drive
City: Fenton State: MO Zip Code: 63026
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Operating Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918007**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Patti Finnegan
Mailing Address: 939 Arlington Glen Drive
City: Fenton State: MO Zip Code: 63026
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Operating Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983781**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Patti Finnegan
Mailing Address: 939 Arlington Glen Drive
City: Fenton State: MO Zip Code: 63026
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Operating Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148192**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 939 Arlington Glen Drive

City: Fenton | State: MO | Zip Code: 63026

FEC ID number of contributing federal political committee: C

Name of Employer: Select Medical Corporation

Occupation: Chief Operating Officer (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 384.80

Date of Receipt: 09 / 25 / 2015

**Transaction ID : A2015-2190485**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 939 Arlington Glen Drive

City: Fenton | State: MO | Zip Code: 63026

FEC ID number of contributing federal political committee: C

Name of Employer: Select Medical Corporation

Occupation: Chief Operating Officer (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 404.04

Date of Receipt: 10 / 09 / 2015

**Transaction ID : A2015-2291907**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 939 Arlington Glen Drive

City: Fenton | State: MO | Zip Code: 63026

FEC ID number of contributing federal political committee: C

Name of Employer: Select Medical Corporation

Occupation: Chief Operating Officer (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 423.28

Date of Receipt: 10 / 23 / 2015

**Transaction ID : A2015-2380151**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 939 Arlington Glen Drive

City: Fenton | State: MO | Zip Code: 63026

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 442.52

Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485379**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 939 Arlington Glen Drive

City: Fenton | State: MO | Zip Code: 63026

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 461.76

Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605745**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 939 Arlington Glen Drive

City: Fenton | State: MO | Zip Code: 63026

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 481.00

Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676979**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 939 Arlington Glen Drive

City: Fenton | State: MO | Zip Code: 63026

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 18 / 2015

**Transaction ID : A2015-2828067**

Amount of Each Receipt this Period: 19.00

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Donald M Foster

Mailing Address 159 Carriage Square Drive

City: Creve Coeur | State: MO | Zip Code: 63141

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2015

**Transaction ID : A2015-2201565**

Amount of Each Receipt this Period: 500.00

[ ] Memo Item

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

Mailing Address 4714 Gettysburg Road

City: Mechanicsburg | State: PA | Zip Code: 17055

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Board of Directors

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 08 / 31 / 2015

**Transaction ID : A2015-1938008**

Amount of Each Receipt this Period: 5000.00

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 5519.00

**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)
[X] 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.**
Full Name (Last, First, Middle Initial): Bruce Gans
Mailing Address: Six Amherst Road
City: Chatham State: NJ Zip Code: 07928
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Medical Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1615.46
Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378886**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Bruce Gans
Mailing Address: Six Amherst Road
City: Chatham State: NJ Zip Code: 07928
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Medical Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1730.85
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584268**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Bruce Gans
Mailing Address: Six Amherst Road
City: Chatham State: NJ Zip Code: 07928
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Medical Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1846.24
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692096**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Bruce Gans
Mailing Address: Six Amherst Road
City: Chatham State: NJ Zip Code: 07928
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Medical Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1961.63
Date of Receipt: 08 / 14 / 2015
Transaction ID : A2015-1918008
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Bruce Gans
Mailing Address: Six Amherst Road
City: Chatham State: NJ Zip Code: 07928
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Medical Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2077.02
Date of Receipt: 08 / 28 / 2015
Transaction ID : A2015-1983782
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Bruce Gans
Mailing Address: Six Amherst Road
City: Chatham State: NJ Zip Code: 07928
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Medical Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2192.41
Date of Receipt: 09 / 11 / 2015
Transaction ID : A2015-2148193
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Bruce Gans
Mailing Address: Six Amherst Road
City: Chatham State: NJ Zip Code: 07928
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Medical Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2307.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190486**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Bruce Gans
Mailing Address: Six Amherst Road
City: Chatham State: NJ Zip Code: 07928
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Medical Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5346.17
Date of Receipt: 10 / 06 / 2015
**Transaction ID : A2015-2237185**
Amount of Each Receipt this Period: 3038.37
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Scott A Gardner
Mailing Address: 611 Fairground Road
City: Newport State: PA Zip Code: 17074
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.36
Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378887**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 3173.00

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

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Scott A Gardner
Mailing Address: 611 Fairground Road
City: Newport
State: PA
Zip Code: 17074
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.60
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584269**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Scott A Gardner
Mailing Address: 611 Fairground Road
City: Newport
State: PA
Zip Code: 17074
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692097**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Scott A Gardner
Mailing Address: 611 Fairground Road
City: Newport
State: PA
Zip Code: 17074
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918009**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Scott A Gardner
Mailing Address: 611 Fairground Road
City: Newport
State: PA
Zip Code: 17074
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983783**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Scott A Gardner
Mailing Address: 611 Fairground Road
City: Newport
State: PA
Zip Code: 17074
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148194**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Scott A Gardner
Mailing Address: 611 Fairground Road
City: Newport
State: PA
Zip Code: 17074
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190487**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Scott A Gardner
Mailing Address: 611 Fairground Road
City: Newport
State: PA
Zip Code: 17074
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291908**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Scott A Gardner
Mailing Address: 611 Fairground Road
City: Newport
State: PA
Zip Code: 17074
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380152**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Scott A Gardner
Mailing Address: 611 Fairground Road
City: Newport
State: PA
Zip Code: 17074
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485380**
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) ▶

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# ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Scott A Gardner
Mailing Address: 611 Fairground Road
City: Newport
State: PA
Zip Code: 17074
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605746**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Scott A Gardner
Mailing Address: 611 Fairground Road
City: Newport
State: PA
Zip Code: 17074
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 481.00
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676980**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Scott A Gardner
Mailing Address: 611 Fairground Road
City: Newport
State: PA
Zip Code: 17074
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828068**
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)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Ms. Suzanne D Gasse

Mailing Address 3903 West Sailboat Drive

City: Pembroke Pines
State: FL
Zip Code: 33026

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2015

**Transaction ID : A2015-2237186**

Amount of Each Receipt this Period: 1000.00

[ ] Memo Item

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

Mailing Address 1001 Madera Court

City: Allen
State: TX
Zip Code: 75013

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: M M 07 / D D 10 / Y Y Y Y 2015

**Transaction ID : A2015-1464777**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 1001 Madera Court

City: Allen
State: TX
Zip Code: 75013

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: M M 07 / D D 24 / Y Y Y Y 2015

**Transaction ID : A2015-1675686**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 1038.48

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

# SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Peter J Gillard
Mailing Address: 1001 Madera Court
City: Allen | State: TX | Zip Code: 75013
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 08 / 07 / 2015
**Transaction ID : A2015-1730219**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Peter J Gillard
Mailing Address: 1001 Madera Court
City: Allen | State: TX | Zip Code: 75013
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 21 / 2015
**Transaction ID : A2015-1918075**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Peter J Gillard
Mailing Address: 1001 Madera Court
City: Allen | State: TX | Zip Code: 75013
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 09 / 04 / 2015
**Transaction ID : A2015-1983849**
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) ▶

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 1001 Madera Court

City: Allen
State: TX
Zip Code: 75013

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 18 / 2015
**Transaction ID : A2015-2162675**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 1001 Madera Court

City: Allen
State: TX
Zip Code: 75013

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 384.80

Date of Receipt: 10 / 02 / 2015
**Transaction ID : A2015-2237189**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 1001 Madera Court

City: Allen
State: TX
Zip Code: 75013

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 404.04

Date of Receipt: 10 / 19 / 2015
**Transaction ID : A2015-2358122**

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

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

Mailing Address 1001 Madera Court

City: Allen
State: TX
Zip Code: 75013

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 423.28

Date of Receipt: 10 / 30 / 2015
**Transaction ID : A2015-2485345**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 1001 Madera Court

City: Allen
State: TX
Zip Code: 75013

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 442.52

Date of Receipt: 11 / 13 / 2015
**Transaction ID : A2015-2605712**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 1001 Madera Court

City: Allen
State: TX
Zip Code: 75013

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 461.76

Date of Receipt: 11 / 27 / 2015
**Transaction ID : A2015-2605812**

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

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

Mailing Address 1001 Madera Court

City: Allen
State: TX
Zip Code: 75013

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 481.00

Date of Receipt: 12 / 11 / 2015
**Transaction ID : A2015-2678599**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 1001 Madera Court

City: Allen
State: TX
Zip Code: 75013

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 24 / 2015
**Transaction ID : A2015-2986327**

Amount of Each Receipt this Period: 19.00

[ ] Memo Item

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

Mailing Address 35 Mallard Lane

City: Kensington
State: CT
Zip Code: 06037

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 07 / 10 / 2015
**Transaction ID : A2015-1464778**

Amount of Each Receipt this Period: 19.24

[ ] 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)
[X] 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.**
Full Name (Last, First, Middle Initial): Mr. Mark Gombotz
Mailing Address: 35 Mallard Lane
City: Kensington State: CT Zip Code: 06037
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.60
Date of Receipt: 07 / 24 / 2015
**Transaction ID : A2015-1675687**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Mark Gombotz
Mailing Address: 35 Mallard Lane
City: Kensington State: CT Zip Code: 06037
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 08 / 07 / 2015
**Transaction ID : A2015-1730220**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Mark Gombotz
Mailing Address: 35 Mallard Lane
City: Kensington State: CT Zip Code: 06037
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 21 / 2015
**Transaction ID : A2015-1918076**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Mark Gombotz
Mailing Address: 35 Mallard Lane
City: Kensington State: CT Zip Code: 06037
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.32
Date of Receipt: 09/04/2015
Transaction ID : A2015-1983850
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Mark Gombotz
Mailing Address: 35 Mallard Lane
City: Kensington State: CT Zip Code: 06037
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.56
Date of Receipt: 09/18/2015
Transaction ID : A2015-2162676
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Mark Gombotz
Mailing Address: 35 Mallard Lane
City: Kensington State: CT Zip Code: 06037
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.80
Date of Receipt: 10/02/2015
Transaction ID : A2015-2237190
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Mark Gombotz
Mailing Address: 35 Mallard Lane
City: Kensington State: CT Zip Code: 06037
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: 10 / 19 / 2015
**Transaction ID : A2015-2358123**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Mark Gombotz
Mailing Address: 35 Mallard Lane
City: Kensington State: CT Zip Code: 06037
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: 10 / 30 / 2015
**Transaction ID : A2015-2485346**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Mark Gombotz
Mailing Address: 35 Mallard Lane
City: Kensington State: CT Zip Code: 06037
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 13 / 2015
**Transaction ID : A2015-2605713**
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

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FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Mark Gombotz

Mailing Address 35 Mallard Lane

City: Kensington
State: CT
Zip Code: 06037

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 461.76

Date of Receipt: 11 / 27 / 2015
**Transaction ID : A2015-2605813**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 35 Mallard Lane

City: Kensington
State: CT
Zip Code: 06037

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 481.00

Date of Receipt: 12 / 11 / 2015
**Transaction ID : A2015-2678600**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 35 Mallard Lane

City: Kensington
State: CT
Zip Code: 06037

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 24 / 2015
**Transaction ID : A2015-2986328**

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)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. David L Goodson
Mailing Address: 1059 Lionsgate Lane
City: Gulf Breeze State: FL Zip Code: 32563
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.36
Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378888**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. David L Goodson
Mailing Address: 1059 Lionsgate Lane
City: Gulf Breeze State: FL Zip Code: 32563
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.60
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584270**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. David L Goodson
Mailing Address: 1059 Lionsgate Lane
City: Gulf Breeze State: FL Zip Code: 32563
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692098**
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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. David L Goodson
Mailing Address: 1059 Lionsgate Lane
City: Gulf Breeze State: FL Zip Code: 32563
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918010**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. David L Goodson
Mailing Address: 1059 Lionsgate Lane
City: Gulf Breeze State: FL Zip Code: 32563
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983784**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. David L Goodson
Mailing Address: 1059 Lionsgate Lane
City: Gulf Breeze State: FL Zip Code: 32563
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148195**
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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. David L Goodson
Mailing Address: 1059 Lionsgate Lane
City: Gulf Breeze State: FL Zip Code: 32563
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: M M 09 / D D 25 / Y Y Y Y 2015
**Transaction ID : A2015-2190488**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. David L Goodson
Mailing Address: 1059 Lionsgate Lane
City: Gulf Breeze State: FL Zip Code: 32563
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: M M 10 / D D 09 / Y Y Y Y 2015
**Transaction ID : A2015-2291909**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. David L Goodson
Mailing Address: 1059 Lionsgate Lane
City: Gulf Breeze State: FL Zip Code: 32563
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: M M 10 / D D 23 / Y Y Y Y 2015
**Transaction ID : A2015-2380153**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. David L Goodson
Mailing Address: 1059 Lionsgate Lane
City: Gulf Breeze State: FL Zip Code: 32563
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485381**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. David L Goodson
Mailing Address: 1059 Lionsgate Lane
City: Gulf Breeze State: FL Zip Code: 32563
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605747**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. David L Goodson
Mailing Address: 1059 Lionsgate Lane
City: Gulf Breeze State: FL Zip Code: 32563
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 577.15
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676981**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 153.87

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. David L Goodson
Mailing Address: 1059 Lionsgate Lane
City: Gulf Breeze | State: FL | Zip Code: 32563
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 692.54
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828069**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. David L Goodson
Mailing Address: 1059 Lionsgate Lane
City: Gulf Breeze | State: FL | Zip Code: 32563
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 807.93
Date of Receipt: 12 / 31 / 2015
**Transaction ID : A2015-2986340**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Antony M Grigonis
Mailing Address: 1636 Lowell Lane
City: New Cumberland | State: PA | Zip Code: 17070
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1077.02
Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378889**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

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

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

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

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Antony M Grigonis
Mailing Address: 1636 Lowell Lane
City: New Cumberland | State: PA | Zip Code: 17070
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1153.95
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584271**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Antony M Grigonis
Mailing Address: 1636 Lowell Lane
City: New Cumberland | State: PA | Zip Code: 17070
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1230.88
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692099**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Antony M Grigonis
Mailing Address: 1636 Lowell Lane
City: New Cumberland | State: PA | Zip Code: 17070
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1307.81
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918011**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Antony M Grigonis
Mailing Address: 1636 Lowell Lane
City: New Cumberland
State: PA
Zip Code: 17070
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1384.74
Date of Receipt: 08 / 28 / 2015
Transaction ID : A2015-1983785
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Antony M Grigonis
Mailing Address: 1636 Lowell Lane
City: New Cumberland
State: PA
Zip Code: 17070
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1461.67
Date of Receipt: 09 / 11 / 2015
Transaction ID : A2015-2148196
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Antony M Grigonis
Mailing Address: 1636 Lowell Lane
City: New Cumberland
State: PA
Zip Code: 17070
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1538.60
Date of Receipt: 09 / 25 / 2015
Transaction ID : A2015-2190489
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Antony M Grigonis
Mailing Address: 1636 Lowell Lane
City: New Cumberland
State: PA
Zip Code: 17070
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1615.53
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291910**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Antony M Grigonis
Mailing Address: 1636 Lowell Lane
City: New Cumberland
State: PA
Zip Code: 17070
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1692.46
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380154**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Antony M Grigonis
Mailing Address: 1636 Lowell Lane
City: New Cumberland
State: PA
Zip Code: 17070
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1769.39
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485382**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Antony M Grigonis
Mailing Address: 1636 Lowell Lane
City: New Cumberland | State: PA | Zip Code: 17070
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1846.32
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605748**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Antony M Grigonis
Mailing Address: 1636 Lowell Lane
City: New Cumberland | State: PA | Zip Code: 17070
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1923.25
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676982**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Antony M Grigonis
Mailing Address: 1636 Lowell Lane
City: New Cumberland | State: PA | Zip Code: 17070
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2000.00
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828070**
Amount of Each Receipt this Period: 76.75
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 230.61

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 1317 Fieldstone Drive

City: Mount Joy
State: PA
Zip Code: 17552

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 12 / D D 15 / Y Y Y Y 2015

**Transaction ID : A2015-2678606**

Amount of Each Receipt this Period: 500.00

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Randal S Hamilton

Mailing Address 615 N. Bonita Avenue

City: Panama City
State: FL
Zip Code: 32401

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 538.58

Date of Receipt: M M 07 / D D 03 / Y Y Y Y 2015

**Transaction ID : A2015-2378947**

Amount of Each Receipt this Period: 38.47

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Randal S Hamilton

Mailing Address 615 N. Bonita Avenue

City: Panama City
State: FL
Zip Code: 32401

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 577.05

Date of Receipt: M M 07 / D D 17 / Y Y Y Y 2015

**Transaction ID : A2015-1584329**

Amount of Each Receipt this Period: 38.47

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 576.94

**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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Randal S Hamilton
Mailing Address: 615 N. Bonita Avenue
City: Panama City
State: FL
Zip Code: 32401
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 615.52
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692157**
Amount of Each Receipt this Period: 38.47
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Randal S Hamilton
Mailing Address: 615 N. Bonita Avenue
City: Panama City
State: FL
Zip Code: 32401
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 653.99
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918069**
Amount of Each Receipt this Period: 38.47
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Randal S Hamilton
Mailing Address: 615 N. Bonita Avenue
City: Panama City
State: FL
Zip Code: 32401
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 692.46
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983843**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Randal S Hamilton
Mailing Address: 615 N. Bonita Avenue
City: Panama City
State: FL
Zip Code: 32401
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 730.93
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148255**
Amount of Each Receipt this Period: 38.47
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Randal S Hamilton
Mailing Address: 615 N. Bonita Avenue
City: Panama City
State: FL
Zip Code: 32401
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 769.40
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190547**
Amount of Each Receipt this Period: 38.47
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Randal S Hamilton
Mailing Address: 615 N. Bonita Avenue
City: Panama City
State: FL
Zip Code: 32401
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 807.87
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291968**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Randal S Hamilton
Mailing Address: 615 N. Bonita Avenue
City: Panama City
State: FL
Zip Code: 32401
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 846.34
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380212**
Amount of Each Receipt this Period: 38.47
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Randal S Hamilton
Mailing Address: 615 N. Bonita Avenue
City: Panama City
State: FL
Zip Code: 32401
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 884.81
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485440**
Amount of Each Receipt this Period: 38.47
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Randal S Hamilton
Mailing Address: 615 N. Bonita Avenue
City: Panama City
State: FL
Zip Code: 32401
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 923.28
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605806**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Randal S Hamilton
Mailing Address: 615 N. Bonita Avenue
City: Panama City
State: FL
Zip Code: 32401
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 961.75
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677043**
Amount of Each Receipt this Period: 38.47
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Randal S Hamilton
Mailing Address: 615 N. Bonita Avenue
City: Panama City
State: FL
Zip Code: 32401
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1000.22
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828131**
Amount of Each Receipt this Period: 38.47
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Randal S Hamilton
Mailing Address: 615 N. Bonita Avenue
City: Panama City
State: FL
Zip Code: 32401
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1038.69
Date of Receipt: 12 / 31 / 2015
**Transaction ID : A2015-2986356**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Lora K Hammaker
Mailing Address: 4714 Gettysburg Road
City: Mechanicsburg State: PA Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President, Tax (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 519.24
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677044**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Lora K Hammaker
Mailing Address: 4714 Gettysburg Road
City: Mechanicsburg State: PA Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President, Tax (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 538.48
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828132**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Lora K Hammaker
Mailing Address: 4714 Gettysburg Road
City: Mechanicsburg State: PA Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President, Tax (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 557.72
Date of Receipt: 12 / 31 / 2015
**Transaction ID : A2015-2986357**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Doctor Samuel I Hammerman
Mailing Address: 239 Butler Street
City: Kingston State: PA Zip Code: 18704
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Medical Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 2692.34
Date of Receipt: 07 / 03 / 2015
Transaction ID : A2015-2378890
Amount of Each Receipt this Period: 192.31
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Doctor Samuel I Hammerman
Mailing Address: 239 Butler Street
City: Kingston State: PA Zip Code: 18704
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Medical Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 2884.65
Date of Receipt: 07 / 17 / 2015
Transaction ID : A2015-1584272
Amount of Each Receipt this Period: 192.31
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Doctor Samuel I Hammerman
Mailing Address: 239 Butler Street
City: Kingston State: PA Zip Code: 18704
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Medical Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 3076.96
Date of Receipt: 07 / 31 / 2015
Transaction ID : A2015-1692100
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Doctor Samuel I Hammerman
Mailing Address: 239 Butler Street
City: Kingston State: PA Zip Code: 18704
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Medical Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 3269.27
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918012**
Amount of Each Receipt this Period: 192.31
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Doctor Samuel I Hammerman
Mailing Address: 239 Butler Street
City: Kingston State: PA Zip Code: 18704
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Medical Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 3461.58
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983786**
Amount of Each Receipt this Period: 192.31
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Doctor Samuel I Hammerman
Mailing Address: 239 Butler Street
City: Kingston State: PA Zip Code: 18704
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Medical Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 3653.89
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148197**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Doctor Samuel I Hammerman
Mailing Address: 239 Butler Street
City: Kingston State: PA Zip Code: 18704
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Medical Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3846.20
Date of Receipt: 09 / 25 / 2015
Transaction ID : A2015-2190490
Amount of Each Receipt this Period: 192.31
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Doctor Samuel I Hammerman
Mailing Address: 239 Butler Street
City: Kingston State: PA Zip Code: 18704
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Medical Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 4038.51
Date of Receipt: 10 / 09 / 2015
Transaction ID : A2015-2291911
Amount of Each Receipt this Period: 192.31
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Doctor Samuel I Hammerman
Mailing Address: 239 Butler Street
City: Kingston State: PA Zip Code: 18704
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Medical Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 4230.82
Date of Receipt: 10 / 23 / 2015
Transaction ID : A2015-2380155
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Doctor Samuel I Hammerman
Mailing Address: 239 Butler Street
City: Kingston
State: PA
Zip Code: 18704
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Chief Medical Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 4423.13
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485383**
Amount of Each Receipt this Period: 192.31
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Doctor Samuel I Hammerman
Mailing Address: 239 Butler Street
City: Kingston
State: PA
Zip Code: 18704
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Chief Medical Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 4615.44
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605749**
Amount of Each Receipt this Period: 192.31
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Doctor Samuel I Hammerman
Mailing Address: 239 Butler Street
City: Kingston
State: PA
Zip Code: 18704
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Chief Medical Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 4807.75
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676983**
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)
[X] 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.**
Full Name (Last, First, Middle Initial): Doctor Samuel I Hammerman
Mailing Address: 239 Butler Street
City: Kingston State: PA Zip Code: 18704
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Medical Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 12/18/2015
Transaction ID : A2015-2828071
Amount of Each Receipt this Period: 192.25
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Barbara E Hannan
Mailing Address: 83 Krattiger Court
City: West Milford State: NJ Zip Code: 07480
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1077.02
Date of Receipt: 07/03/2015
Transaction ID : A2015-2378891
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Barbara E Hannan
Mailing Address: 83 Krattiger Court
City: West Milford State: NJ Zip Code: 07480
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1153.95
Date of Receipt: 07/17/2015
Transaction ID : A2015-1584273
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 346.11

**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)
[X] 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.**
Full Name (Last, First, Middle Initial): Mrs. Barbara E Hannan
Mailing Address: 83 Krattiger Court
City: West Milford | State: NJ | Zip Code: 07480
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1230.88
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692101**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Barbara E Hannan
Mailing Address: 83 Krattiger Court
City: West Milford | State: NJ | Zip Code: 07480
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1307.81
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918013**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Barbara E Hannan
Mailing Address: 83 Krattiger Court
City: West Milford | State: NJ | Zip Code: 07480
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1384.74
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983787**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Barbara E Hannan
Mailing Address: 83 Krattiger Court
City: West Milford | State: NJ | Zip Code: 07480
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1461.67
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148198**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Barbara E Hannan
Mailing Address: 83 Krattiger Court
City: West Milford | State: NJ | Zip Code: 07480
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1538.60
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190491**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Barbara E Hannan
Mailing Address: 83 Krattiger Court
City: West Milford | State: NJ | Zip Code: 07480
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1615.53
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291912**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Barbara E Hannan
Mailing Address: 83 Krattiger Court
City: West Milford | State: NJ | Zip Code: 07480
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1692.46
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380156**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Barbara E Hannan
Mailing Address: 83 Krattiger Court
City: West Milford | State: NJ | Zip Code: 07480
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1769.39
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485384**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Barbara E Hannan
Mailing Address: 83 Krattiger Court
City: West Milford | State: NJ | Zip Code: 07480
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1846.32
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605750**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mrs. Barbara E Hannan

Mailing Address 83 Krattiger Court

City: West Milford
State: NJ
Zip Code: 07480

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
1923.25

Date of Receipt
M M 12 / D D 04 / Y Y Y Y 2015

**Transaction ID : A2015-2676984**

Amount of Each Receipt this Period
76.93

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mrs. Barbara E Hannan

Mailing Address 83 Krattiger Court

City: West Milford
State: NJ
Zip Code: 07480

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M 12 / D D 18 / Y Y Y Y 2015

**Transaction ID : A2015-2828072**

Amount of Each Receipt this Period
76.75

[ ] Memo Item

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

Mailing Address 15 W Main St PO 194

City: Brookside
State: NJ
Zip Code: 07926

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
269.36

Date of Receipt
M M 07 / D D 03 / Y Y Y Y 2015

**Transaction ID : A2015-2378892**

Amount of Each Receipt this Period
19.24

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 172.92

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Robin Hedeman
Mailing Address: 15 W Main St PO 194
City: Brookside State: NJ Zip Code: 07926
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.60
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584274**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Robin Hedeman
Mailing Address: 15 W Main St PO 194
City: Brookside State: NJ Zip Code: 07926
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692102**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Robin Hedeman
Mailing Address: 15 W Main St PO 194
City: Brookside State: NJ Zip Code: 07926
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918014**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Robin Hedeman
Mailing Address: 15 W Main St PO 194
City: Brookside
State: NJ
Zip Code: 07926
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983788**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Robin Hedeman
Mailing Address: 15 W Main St PO 194
City: Brookside
State: NJ
Zip Code: 07926
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148199**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Robin Hedeman
Mailing Address: 15 W Main St PO 194
City: Brookside
State: NJ
Zip Code: 07926
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190492**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Robin Hedeman
Mailing Address: 15 W Main St PO 194
City: Brookside State: NJ Zip Code: 07926
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291913**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Robin Hedeman
Mailing Address: 15 W Main St PO 194
City: Brookside State: NJ Zip Code: 07926
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380157**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Robin Hedeman
Mailing Address: 15 W Main St PO 194
City: Brookside State: NJ Zip Code: 07926
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485385**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Robin Hedeman
Mailing Address: 15 W Main St PO 194
City: Brookside State: NJ Zip Code: 07926
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605751**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Robin Hedeman
Mailing Address: 15 W Main St PO 194
City: Brookside State: NJ Zip Code: 07926
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 481.00
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676985**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Robin Hedeman
Mailing Address: 15 W Main St PO 194
City: Brookside State: NJ Zip Code: 07926
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828073**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Kent R Helwig
Mailing Address: 6001 East Woodmen Road
City: Colorado Springs
State: CO
Zip Code: 80923
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.36
Date of Receipt: M M 07 / D D 03 / Y Y Y Y 2015
**Transaction ID : A2015-2378948**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Kent R Helwig
Mailing Address: 6001 East Woodmen Road
City: Colorado Springs
State: CO
Zip Code: 80923
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.60
Date of Receipt: M M 07 / D D 17 / Y Y Y Y 2015
**Transaction ID : A2015-1584330**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Kent R Helwig
Mailing Address: 6001 East Woodmen Road
City: Colorado Springs
State: CO
Zip Code: 80923
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: M M 07 / D D 31 / Y Y Y Y 2015
**Transaction ID : A2015-1692158**
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)
[X] 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.**
Full Name (Last, First, Middle Initial): Mr. Kent R Helwig
Mailing Address: 6001 East Woodmen Road
City: Colorado Springs
State: CO
Zip Code: 80923
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918070**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Kent R Helwig
Mailing Address: 6001 East Woodmen Road
City: Colorado Springs
State: CO
Zip Code: 80923
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983844**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Kent R Helwig
Mailing Address: 6001 East Woodmen Road
City: Colorado Springs
State: CO
Zip Code: 80923
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148256**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Kent R Helwig
Mailing Address: 6001 East Woodmen Road
City: Colorado Springs
State: CO
Zip Code: 80923
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190548**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Kent R Helwig
Mailing Address: 6001 East Woodmen Road
City: Colorado Springs
State: CO
Zip Code: 80923
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291969**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Kent R Helwig
Mailing Address: 6001 East Woodmen Road
City: Colorado Springs
State: CO
Zip Code: 80923
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380213**
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)
[X] 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.**
Full Name (Last, First, Middle Initial): Mr. Kent R Helwig
Mailing Address: 6001 East Woodmen Road
City: Colorado Springs
State: CO
Zip Code: 80923
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485441**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Kent R Helwig
Mailing Address: 6001 East Woodmen Road
City: Colorado Springs
State: CO
Zip Code: 80923
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605807**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Kent R Helwig
Mailing Address: 6001 East Woodmen Road
City: Colorado Springs
State: CO
Zip Code: 80923
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 481.00
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677045**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial): Mr. Kent R Helwig
Mailing Address: 6001 East Woodmen Road
City: Colorado Springs | State: CO | Zip Code: 80923
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828133**
Amount of Each Receipt this Period: 19.00
[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial): Mr. David J Huffman
Mailing Address: 2915 Arcona Road
City: Mechanicsburg | State: PA | Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1077.02
Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378893**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial): Mr. David J Huffman
Mailing Address: 2915 Arcona Road
City: Mechanicsburg | State: PA | Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1153.95
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584275**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 172.86

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. David J Huffman
Mailing Address: 2915 Arcona Road
City: Mechanicsburg State: PA Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1230.88
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692103**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. David J Huffman
Mailing Address: 2915 Arcona Road
City: Mechanicsburg State: PA Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1307.81
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918015**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. David J Huffman
Mailing Address: 2915 Arcona Road
City: Mechanicsburg State: PA Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1384.74
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983789**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. David J Huffman
Mailing Address: 2915 Arcona Road
City: Mechanicsburg State: PA Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1461.67
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148200**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. David J Huffman
Mailing Address: 2915 Arcona Road
City: Mechanicsburg State: PA Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1538.60
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190493**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. David J Huffman
Mailing Address: 2915 Arcona Road
City: Mechanicsburg State: PA Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1615.53
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291914**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. David J Huffman
Mailing Address: 2915 Arcona Road
City: Mechanicsburg State: PA Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1692.46
Date of Receipt: 10 / 23 / 2015
Transaction ID : A2015-2380158
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. David J Huffman
Mailing Address: 2915 Arcona Road
City: Mechanicsburg State: PA Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1769.39
Date of Receipt: 11 / 06 / 2015
Transaction ID : A2015-2485386
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. David J Huffman
Mailing Address: 2915 Arcona Road
City: Mechanicsburg State: PA Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1846.32
Date of Receipt: 11 / 20 / 2015
Transaction ID : A2015-2605752
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. David J Huffman
Mailing Address: 2915 Arcona Road
City: Mechanicsburg State: PA Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1961.71
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676986**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. David J Huffman
Mailing Address: 2915 Arcona Road
City: Mechanicsburg State: PA Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2077.10
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828074**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. David J Huffman
Mailing Address: 2915 Arcona Road
City: Mechanicsburg State: PA Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2192.49
Date of Receipt: 12 / 31 / 2015
**Transaction ID : A2015-2986341**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Stephanie R James
Mailing Address: 740 Parkins Mill Rd.
City: Greenville
State: SC
Zip Code: 29607
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.36
Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378894**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Stephanie R James
Mailing Address: 740 Parkins Mill Rd.
City: Greenville
State: SC
Zip Code: 29607
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.60
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584276**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Stephanie R James
Mailing Address: 740 Parkins Mill Rd.
City: Greenville
State: SC
Zip Code: 29607
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692104**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Stephanie R James
Mailing Address: 740 Parkins Mill Rd.
City: Greenville
State: SC
Zip Code: 29607
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918016**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Stephanie R James
Mailing Address: 740 Parkins Mill Rd.
City: Greenville
State: SC
Zip Code: 29607
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983790**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Stephanie R James
Mailing Address: 740 Parkins Mill Rd.
City: Greenville
State: SC
Zip Code: 29607
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148201**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Stephanie R James
Mailing Address: 740 Parkins Mill Rd.
City: Greenville
State: SC
Zip Code: 29607
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190494**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Stephanie R James
Mailing Address: 740 Parkins Mill Rd.
City: Greenville
State: SC
Zip Code: 29607
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291915**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Stephanie R James
Mailing Address: 740 Parkins Mill Rd.
City: Greenville
State: SC
Zip Code: 29607
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380159**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Stephanie R James
Mailing Address: 740 Parkins Mill Rd.
City: Greenville
State: SC
Zip Code: 29607
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485387**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Stephanie R James
Mailing Address: 740 Parkins Mill Rd.
City: Greenville
State: SC
Zip Code: 29607
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605753**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Stephanie R James
Mailing Address: 740 Parkins Mill Rd.
City: Greenville
State: SC
Zip Code: 29607
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 577.15
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676987**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 153.87

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Stephanie R James
Mailing Address: 740 Parkins Mill Rd.
City: Greenville State: SC Zip Code: 29607
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 692.54
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828075**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Stephanie R James
Mailing Address: 740 Parkins Mill Rd.
City: Greenville State: SC Zip Code: 29607
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 807.93
Date of Receipt: 12 / 31 / 2015
**Transaction ID : A2015-2986342**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Harry M Jewett
Mailing Address: 4714 Gettysburg Road
City: Mechanicsburg State: PA Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President, Business Developmen
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1077.02
Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378949**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

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

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Harry M Jewett
Mailing Address: 4714 Gettysburg Road
City: Mechanicsburg
State: PA
Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President, Business Developmen
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1153.95
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584331**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Harry M Jewett
Mailing Address: 4714 Gettysburg Road
City: Mechanicsburg
State: PA
Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President, Business Developmen
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1230.88
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692159**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Harry M Jewett
Mailing Address: 4714 Gettysburg Road
City: Mechanicsburg
State: PA
Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President, Business Developmen
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1307.81
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918071**
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)
[X] 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.**
Full Name (Last, First, Middle Initial): Mr. Harry M Jewett
Mailing Address: 4714 Gettysburg Road
City: Mechanicsburg State: PA Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President, Business Developmen
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1384.74
Date of Receipt: 08 / 28 / 2015
Transaction ID : A2015-1983845
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Harry M Jewett
Mailing Address: 4714 Gettysburg Road
City: Mechanicsburg State: PA Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President, Business Developmen
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1461.67
Date of Receipt: 09 / 11 / 2015
Transaction ID : A2015-2148257
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Harry M Jewett
Mailing Address: 4714 Gettysburg Road
City: Mechanicsburg State: PA Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President, Business Developmen
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1538.60
Date of Receipt: 09 / 25 / 2015
Transaction ID : A2015-2190549
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Harry M Jewett
Mailing Address: 4714 Gettysburg Road
City: Mechanicsburg
State: PA
Zip Code: 17055
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President, Business Developmen
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1615.53
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291970**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Harry M Jewett
Mailing Address: 4714 Gettysburg Road
City: Mechanicsburg
State: PA
Zip Code: 17055
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President, Business Developmen
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1692.46
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380214**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Harry M Jewett
Mailing Address: 4714 Gettysburg Road
City: Mechanicsburg
State: PA
Zip Code: 17055
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President, Business Developmen
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1769.39
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485442**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial): Mr. Harry M Jewett
Mailing Address: 4714 Gettysburg Road
City: Mechanicsburg State: PA Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President, Business Developmen
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1846.32
Date of Receipt: 11 / 20 / 2015
Transaction ID : A2015-2605808
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial): Mr. Harry M Jewett
Mailing Address: 4714 Gettysburg Road
City: Mechanicsburg State: PA Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President, Business Developmen
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1923.25
Date of Receipt: 12 / 04 / 2015
Transaction ID : A2015-2677047
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial): Mr. Harry M Jewett
Mailing Address: 4714 Gettysburg Road
City: Mechanicsburg State: PA Zip Code: 17055
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President, Business Developmen
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : A2015-2828135
Amount of Each Receipt this Period: 76.75
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 230.61

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. David F Key
Mailing Address: 1286 Brayshore Drive
City: Collierville State: TN Zip Code: 38017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1077.02
Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378895**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. David F Key
Mailing Address: 1286 Brayshore Drive
City: Collierville State: TN Zip Code: 38017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1153.95
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584277**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. David F Key
Mailing Address: 1286 Brayshore Drive
City: Collierville State: TN Zip Code: 38017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1230.88
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692105**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. David F Key
Mailing Address: 1286 Brayshore Drive
City: Collierville State: TN Zip Code: 38017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1307.81
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918017**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. David F Key
Mailing Address: 1286 Brayshore Drive
City: Collierville State: TN Zip Code: 38017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1384.74
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983791**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. David F Key
Mailing Address: 1286 Brayshore Drive
City: Collierville State: TN Zip Code: 38017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1461.67
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148202**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. David F Key
Mailing Address: 1286 Brayshore Drive
City: Collierville State: TN Zip Code: 38017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1538.60
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190495**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. David F Key
Mailing Address: 1286 Brayshore Drive
City: Collierville State: TN Zip Code: 38017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1615.53
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291916**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. David F Key
Mailing Address: 1286 Brayshore Drive
City: Collierville State: TN Zip Code: 38017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1692.46
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380160**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. David F Key
Mailing Address: 1286 Brayshore Drive
City: Collierville State: TN Zip Code: 38017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1769.39
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485388**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. David F Key
Mailing Address: 1286 Brayshore Drive
City: Collierville State: TN Zip Code: 38017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1846.32
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605754**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. David F Key
Mailing Address: 1286 Brayshore Drive
City: Collierville State: TN Zip Code: 38017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1923.25
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676988**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial): Mr. David F Key
Mailing Address: 1286 Brayshore Drive
City: Collierville State: TN Zip Code: 38017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2000.00
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828076**
Amount of Each Receipt this Period: 76.75
[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial): Ms. Sue Ann A Kida
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: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2000.00
Date of Receipt: 10 / 22 / 2015
**Transaction ID : A2015-2364705**
Amount of Each Receipt this Period: 2000.00
[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial): Mrs. Peggy L Kingston
Mailing Address: 228 Brewster
City: Rochester Hills State: MI Zip Code: 48309
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.36
Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378896**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 2095.99

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Peggy L Kingston
Mailing Address: 228 Brewster
City: Rochester Hills
State: MI
Zip Code: 48309
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.60
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584278**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Peggy L Kingston
Mailing Address: 228 Brewster
City: Rochester Hills
State: MI
Zip Code: 48309
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692106**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Peggy L Kingston
Mailing Address: 228 Brewster
City: Rochester Hills
State: MI
Zip Code: 48309
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918018**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Peggy L Kingston
Mailing Address: 228 Brewster
City: Rochester Hills
State: MI
Zip Code: 48309
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983792**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Peggy L Kingston
Mailing Address: 228 Brewster
City: Rochester Hills
State: MI
Zip Code: 48309
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148203**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Peggy L Kingston
Mailing Address: 228 Brewster
City: Rochester Hills
State: MI
Zip Code: 48309
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190496**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Peggy L Kingston
Mailing Address: 228 Brewster
City: Rochester Hills
State: MI
Zip Code: 48309
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291917**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Peggy L Kingston
Mailing Address: 228 Brewster
City: Rochester Hills
State: MI
Zip Code: 48309
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380161**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Peggy L Kingston
Mailing Address: 228 Brewster
City: Rochester Hills
State: MI
Zip Code: 48309
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485389**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mrs. Peggy L Kingston

Mailing Address 228 Brewster

City: Rochester Hills
State: MI
Zip Code: 48309

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 461.76

Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605755**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mrs. Peggy L Kingston

Mailing Address 228 Brewster

City: Rochester Hills
State: MI
Zip Code: 48309

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 481.00

Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676989**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mrs. Peggy L Kingston

Mailing Address 228 Brewster

City: Rochester Hills
State: MI
Zip Code: 48309

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828077**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Kristofer C Kitzke
Mailing Address: 873 Winterfields Drive
City: Cordova State: TN Zip Code: 38018
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.36
Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378897**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Kristofer C Kitzke
Mailing Address: 873 Winterfields Drive
City: Cordova State: TN Zip Code: 38018
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.60
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584279**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Kristofer C Kitzke
Mailing Address: 873 Winterfields Drive
City: Cordova State: TN Zip Code: 38018
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692107**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Kristofer C Kitzke
Mailing Address: 873 Winterfields Drive
City: Cordova
State: TN
Zip Code: 38018
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918019**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Kristofer C Kitzke
Mailing Address: 873 Winterfields Drive
City: Cordova
State: TN
Zip Code: 38018
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983793**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Kristofer C Kitzke
Mailing Address: 873 Winterfields Drive
City: Cordova
State: TN
Zip Code: 38018
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148204**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Kristofer C Kitzke
Mailing Address: 873 Winterfields Drive
City: Cordova | State: TN | Zip Code: 38018
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190497**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Kristofer C Kitzke
Mailing Address: 873 Winterfields Drive
City: Cordova | State: TN | Zip Code: 38018
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291918**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Kristofer C Kitzke
Mailing Address: 873 Winterfields Drive
City: Cordova | State: TN | Zip Code: 38018
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380162**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Kristofer C Kitzke
Mailing Address: 873 Winterfields Drive
City: Cordova State: TN Zip Code: 38018
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485390**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Kristofer C Kitzke
Mailing Address: 873 Winterfields Drive
City: Cordova State: TN Zip Code: 38018
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605756**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Kristofer C Kitzke
Mailing Address: 873 Winterfields Drive
City: Cordova State: TN Zip Code: 38018
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 481.00
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676990**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 873 Winterfields Drive

City: Cordova
State: TN
Zip Code: 38018

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M 12 / D D 18 / Y Y Y Y 2015

**Transaction ID : A2015-2828078**

Amount of Each Receipt this Period
19.00

[ ] Memo Item

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

Mailing Address 5167 Carlson Dairy Road

City: Summerfield
State: NC
Zip Code: 27358

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
269.36

Date of Receipt
M M 07 / D D 03 / Y Y Y Y 2015

**Transaction ID : A2015-2378898**

Amount of Each Receipt this Period
19.24

[ ] Memo Item

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

Mailing Address 5167 Carlson Dairy Road

City: Summerfield
State: NC
Zip Code: 27358

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
288.60

Date of Receipt
M M 07 / D D 17 / Y Y Y Y 2015

**Transaction ID : A2015-1584280**

Amount of Each Receipt this Period
19.24

[ ] 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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 5167 Carlson Dairy Road

City: Summerfield
State: NC
Zip Code: 27358

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: M M 07 / D D 31 / Y Y Y Y 2015

**Transaction ID : A2015-1692108**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 5167 Carlson Dairy Road

City: Summerfield
State: NC
Zip Code: 27358

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: M M 08 / D D 14 / Y Y Y Y 2015

**Transaction ID : A2015-1918020**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 5167 Carlson Dairy Road

City: Summerfield
State: NC
Zip Code: 27358

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: M M 08 / D D 28 / Y Y Y Y 2015

**Transaction ID : A2015-1983794**

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 5167 Carlson Dairy Road

City: Summerfield
State: NC
Zip Code: 27358

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148205**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 5167 Carlson Dairy Road

City: Summerfield
State: NC
Zip Code: 27358

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 384.80

Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190498**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 5167 Carlson Dairy Road

City: Summerfield
State: NC
Zip Code: 27358

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 404.04

Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291919**

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 5167 Carlson Dairy Road

City: Summerfield
State: NC
Zip Code: 27358

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 423.28

Date of Receipt: M M 10 / D D 23 / Y Y Y Y 2015

**Transaction ID : A2015-2380163**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 5167 Carlson Dairy Road

City: Summerfield
State: NC
Zip Code: 27358

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 442.52

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2015

**Transaction ID : A2015-2485391**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 5167 Carlson Dairy Road

City: Summerfield
State: NC
Zip Code: 27358

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 461.76

Date of Receipt: M M 11 / D D 20 / Y Y Y Y 2015

**Transaction ID : A2015-2605757**

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Wilma D Knight
Mailing Address: 5167 Carlson Dairy Road
City: Summerfield
State: NC
Zip Code: 27358
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 481.00
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676991**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Wilma D Knight
Mailing Address: 5167 Carlson Dairy Road
City: Summerfield
State: NC
Zip Code: 27358
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828079**
Amount of Each Receipt this Period: 19.00
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Thomas E Knoske
Mailing Address: 3345 Hewitt-Gifford Road
City: Warren
State: OH
Zip Code: 44481
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 11 / 04 / 2015
**Transaction ID : A2015-2419617**
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 538.24

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Richard E Knowland
Mailing Address: 8806 County Road 204
City: Grandview State: TX Zip Code: 76050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.36
Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378899**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Richard E Knowland
Mailing Address: 8806 County Road 204
City: Grandview State: TX Zip Code: 76050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.60
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584281**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Richard E Knowland
Mailing Address: 8806 County Road 204
City: Grandview State: TX Zip Code: 76050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692109**
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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Richard E Knowland

Mailing Address 8806 County Road 204

City: Grandview
State: TX
Zip Code: 76050

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918021**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Richard E Knowland

Mailing Address 8806 County Road 204

City: Grandview
State: TX
Zip Code: 76050

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983795**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Richard E Knowland

Mailing Address 8806 County Road 204

City: Grandview
State: TX
Zip Code: 76050

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148206**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Richard E Knowland

Mailing Address 8806 County Road 204

City: Grandview
State: TX
Zip Code: 76050

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 384.80

Date of Receipt: 09 / 25 / 2015

**Transaction ID : A2015-2190499**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Richard E Knowland

Mailing Address 8806 County Road 204

City: Grandview
State: TX
Zip Code: 76050

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 404.04

Date of Receipt: 10 / 09 / 2015

**Transaction ID : A2015-2291920**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Richard E Knowland

Mailing Address 8806 County Road 204

City: Grandview
State: TX
Zip Code: 76050

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 423.28

Date of Receipt: 10 / 23 / 2015

**Transaction ID : A2015-2380164**

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Richard E Knowland

Mailing Address 8806 County Road 204

City: Grandview
State: TX
Zip Code: 76050

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 442.52

Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485392**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Richard E Knowland

Mailing Address 8806 County Road 204

City: Grandview
State: TX
Zip Code: 76050

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 461.76

Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605758**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Richard E Knowland

Mailing Address 8806 County Road 204

City: Grandview
State: TX
Zip Code: 76050

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 481.00

Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676992**

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Richard E Knowland

Mailing Address 8806 County Road 204

City: Grandview
State: TX
Zip Code: 76050

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 18 / 2015

**Transaction ID : A2015-2828080**

Amount of Each Receipt this Period: 19.00

[ ] Memo Item

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

Mailing Address 730 North Marian Street

City: Ebensburg
State: PA
Zip Code: 15931

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 07 / 03 / 2015

**Transaction ID : A2015-2378900**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 730 North Marian Street

City: Ebensburg
State: PA
Zip Code: 15931

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 07 / 17 / 2015

**Transaction ID : A2015-1584282**

Amount of Each Receipt this Period: 19.24

[ ] 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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 730 North Marian Street

City: Ebensburg
State: PA
Zip Code: 15931

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692110**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 730 North Marian Street

City: Ebensburg
State: PA
Zip Code: 15931

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918022**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 730 North Marian Street

City: Ebensburg
State: PA
Zip Code: 15931

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983796**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Laurie Kozorosky
Mailing Address: 730 North Marian Street
City: Ebensburg
State: PA
Zip Code: 15931
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 11 / 2015
Transaction ID : A2015-2148207
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Laurie Kozorosky
Mailing Address: 730 North Marian Street
City: Ebensburg
State: PA
Zip Code: 15931
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 09 / 25 / 2015
Transaction ID : A2015-2190500
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Laurie Kozorosky
Mailing Address: 730 North Marian Street
City: Ebensburg
State: PA
Zip Code: 15931
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: 10 / 09 / 2015
Transaction ID : A2015-2291921
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

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 730 North Marian Street

City: Ebensburg
State: PA
Zip Code: 15931

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 423.28

Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380165**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 730 North Marian Street

City: Ebensburg
State: PA
Zip Code: 15931

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 442.52

Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485393**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 730 North Marian Street

City: Ebensburg
State: PA
Zip Code: 15931

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 461.76

Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605759**

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 730 North Marian Street

City: Ebensburg
State: PA
Zip Code: 15931

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 481.00

Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676993**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 730 North Marian Street

City: Ebensburg
State: PA
Zip Code: 15931

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828081**

Amount of Each Receipt this Period: 19.00

[ ] Memo Item

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

Mailing Address 2413 Toftree Drive

City: Harrisburg
State: PA
Zip Code: 17112

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1077.02

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378901**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 115.17

**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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 2413 Toftree Drive

City: Harrisburg
State: PA
Zip Code: 17112

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
1153.95

Date of Receipt
M M 07 / D D 17 / Y Y Y Y 2015

**Transaction ID : A2015-1584283**

Amount of Each Receipt this Period
76.93

[ ] Memo Item

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

Mailing Address 2413 Toftree Drive

City: Harrisburg
State: PA
Zip Code: 17112

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
1230.88

Date of Receipt
M M 07 / D D 31 / Y Y Y Y 2015

**Transaction ID : A2015-1692111**

Amount of Each Receipt this Period
76.93

[ ] Memo Item

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

Mailing Address 2413 Toftree Drive

City: Harrisburg
State: PA
Zip Code: 17112

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
1307.81

Date of Receipt
M M 08 / D D 14 / Y Y Y Y 2015

**Transaction ID : A2015-1918023**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 2413 Toftree Drive

City: Harrisburg
State: PA
Zip Code: 17112

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1384.74

Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983797**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

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

Mailing Address 2413 Toftree Drive

City: Harrisburg
State: PA
Zip Code: 17112

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1461.67

Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148208**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

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

Mailing Address 2413 Toftree Drive

City: Harrisburg
State: PA
Zip Code: 17112

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1538.60

Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190501**

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Aleksey N Kurmakov
Mailing Address: 2413 Toftree Drive
City: Harrisburg State: PA Zip Code: 17112
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1615.53
Date of Receipt: 10 / 09 / 2015
Transaction ID : A2015-2291922
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Aleksey N Kurmakov
Mailing Address: 2413 Toftree Drive
City: Harrisburg State: PA Zip Code: 17112
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1692.46
Date of Receipt: 10 / 23 / 2015
Transaction ID : A2015-2380166
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Aleksey N Kurmakov
Mailing Address: 2413 Toftree Drive
City: Harrisburg State: PA Zip Code: 17112
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1769.39
Date of Receipt: 11 / 06 / 2015
Transaction ID : A2015-2485394
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 2413 Toftree Drive

City: Harrisburg
State: PA
Zip Code: 17112

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1846.32

Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605760**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

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

Mailing Address 2413 Toftree Drive

City: Harrisburg
State: PA
Zip Code: 17112

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1923.25

Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676994**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

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

Mailing Address 2413 Toftree Drive

City: Harrisburg
State: PA
Zip Code: 17112

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828082**

Amount of Each Receipt this Period: 76.75

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 230.61

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

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

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial): Mary Lacey
Mailing Address: 44 Sunfire Avenue
City: Camp Hill | State: PA | Zip Code: 17011
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: VP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.79
Date of Receipt: 12 / 31 / 2015
**Transaction ID : A2015-2986361**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial): Mr. Bernard Lewandowski
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: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.36
Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378902**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial): Mr. Bernard Lewandowski
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: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.60
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584284**
Amount of Each Receipt this Period: 19.24
[ ] 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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

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: Select Medical Corporation
Occupation: Vice President (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 07 / 31 / 2015

**Transaction ID : A2015-1692112**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

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: Select Medical Corporation
Occupation: Vice President (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 14 / 2015

**Transaction ID : A2015-1918024**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

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: Select Medical Corporation
Occupation: Vice President (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 08 / 28 / 2015

**Transaction ID : A2015-1983798**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

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: Select Medical Corporation
Occupation: Vice President (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148209**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

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: Select Medical Corporation
Occupation: Vice President (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 384.80

Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190502**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

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: Select Medical Corporation
Occupation: Vice President (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 404.04

Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291923**

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Bernard Lewandowski
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: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: 10 / 23 / 2015
Transaction ID : A2015-2380167
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Bernard Lewandowski
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: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 06 / 2015
Transaction ID : A2015-2485395
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Bernard Lewandowski
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: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 519.45
Date of Receipt: 11 / 20 / 2015
Transaction ID : A2015-2605761
Amount of Each Receipt this Period: 76.93
[ ] 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)
[X] 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.** Full Name (Last, First, Middle Initial)
Mr. Bernard Lewandowski

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: Select Medical Corporation
Occupation: Vice President (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 596.38

Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676995**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

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

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: Select Medical Corporation
Occupation: Vice President (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 673.31

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828083**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

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

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: Select Medical Corporation
Occupation: Vice President (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 750.24

Date of Receipt: 12 / 31 / 2015
**Transaction ID : A2015-2986343**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

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: Select Medical Corporation
Occupation: Vice President of Operations (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 538.58

Date of Receipt: 07 / 10 / 2015
**Transaction ID : A2015-1464779**

Amount of Each Receipt this Period: 38.47

[ ] Memo Item

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

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: Select Medical Corporation
Occupation: Vice President of Operations (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 577.05

Date of Receipt: 07 / 24 / 2015
**Transaction ID : A2015-1675688**

Amount of Each Receipt this Period: 38.47

[ ] Memo Item

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

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: Select Medical Corporation
Occupation: Vice President of Operations (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 615.52

Date of Receipt: 08 / 07 / 2015
**Transaction ID : A2015-1730221**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Lauren B Lindley
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: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 653.99
Date of Receipt: 08 / 21 / 2015
Transaction ID : A2015-1918077
Amount of Each Receipt this Period: 38.47
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Lauren B Lindley
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: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 692.46
Date of Receipt: 09 / 04 / 2015
Transaction ID : A2015-1983851
Amount of Each Receipt this Period: 38.47
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Lauren B Lindley
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: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 730.93
Date of Receipt: 09 / 18 / 2015
Transaction ID : A2015-2162677
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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Lauren B Lindley
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: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 769.40
Date of Receipt: 10 / 02 / 2015
Transaction ID : A2015-2237191
Amount of Each Receipt this Period: 38.47
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Lauren B Lindley
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: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 807.87
Date of Receipt: 10 / 19 / 2015
Transaction ID : A2015-2358124
Amount of Each Receipt this Period: 38.47
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Lauren B Lindley
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: Select Medical Corporation
Occupation: Vice President of Operations (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 846.34
Date of Receipt: 10 / 30 / 2015
Transaction ID : A2015-2485347
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

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: Select Medical Corporation
Occupation: Vice President of Operations (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 884.81

Date of Receipt: 11 / 13 / 2015
**Transaction ID : A2015-2605714**

Amount of Each Receipt this Period: 38.47

[ ] Memo Item

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

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: Select Medical Corporation
Occupation: Vice President of Operations (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 923.28

Date of Receipt: 11 / 27 / 2015
**Transaction ID : A2015-2605814**

Amount of Each Receipt this Period: 38.47

[ ] Memo Item

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

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: Select Medical Corporation
Occupation: Vice President of Operations (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 961.75

Date of Receipt: 12 / 11 / 2015
**Transaction ID : A2015-2678601**

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

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: Select Medical Corporation
Occupation: Vice President of Operations (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.22

Date of Receipt: 12 / 24 / 2015
**Transaction ID : A2015-2986329**

Amount of Each Receipt this Period: 38.47

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mrs. Adriane L Lutes

Mailing Address 2371 Pullman Way

City: Hummelstown
State: PA
Zip Code: 17036

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1077.02

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378903**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mrs. Adriane L Lutes

Mailing Address 2371 Pullman Way

City: Hummelstown
State: PA
Zip Code: 17036

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.95

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584285**

Amount of Each Receipt this Period: 76.93

[ ] 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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Adriane L Lutes
Mailing Address: 2371 Pullman Way
City: Hummelstown
State: PA
Zip Code: 17036
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1230.88
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692113**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Adriane L Lutes
Mailing Address: 2371 Pullman Way
City: Hummelstown
State: PA
Zip Code: 17036
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1307.81
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918025**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Adriane L Lutes
Mailing Address: 2371 Pullman Way
City: Hummelstown
State: PA
Zip Code: 17036
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1384.74
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983799**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Adriane L Lutes
Mailing Address: 2371 Pullman Way
City: Hummelstown
State: PA
Zip Code: 17036
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1461.67
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148210**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Adriane L Lutes
Mailing Address: 2371 Pullman Way
City: Hummelstown
State: PA
Zip Code: 17036
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1538.60
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190503**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Adriane L Lutes
Mailing Address: 2371 Pullman Way
City: Hummelstown
State: PA
Zip Code: 17036
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1615.53
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291924**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mrs. Adriane L Lutes

Mailing Address 2371 Pullman Way

City: Hummelstown
State: PA
Zip Code: 17036

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1692.46

Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380168**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mrs. Adriane L Lutes

Mailing Address 2371 Pullman Way

City: Hummelstown
State: PA
Zip Code: 17036

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1769.39

Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485396**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mrs. Adriane L Lutes

Mailing Address 2371 Pullman Way

City: Hummelstown
State: PA
Zip Code: 17036

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1846.32

Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605762**

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Michael F Malatesta

Mailing Address 4145 Serenity Street

City: Schwenksville
State: PA
Zip Code: 19473

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.32

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378904**

Amount of Each Receipt this Period: 115.38

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Michael F Malatesta

Mailing Address 4145 Serenity Street

City: Schwenksville
State: PA
Zip Code: 19473

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.70

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584286**

Amount of Each Receipt this Period: 115.38

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Michael F Malatesta

Mailing Address 4145 Serenity Street

City: Schwenksville
State: PA
Zip Code: 19473

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1846.08

Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692114**

Amount of Each Receipt this Period: 115.38

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 346.14

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

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Michael F Malatesta
Mailing Address: 4145 Serenity Street
City: Schwenksville
State: PA
Zip Code: 19473
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1961.46
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918026**
Amount of Each Receipt this Period: 115.38
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Michael F Malatesta
Mailing Address: 4145 Serenity Street
City: Schwenksville
State: PA
Zip Code: 19473
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2076.84
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983800**
Amount of Each Receipt this Period: 115.38
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Michael F Malatesta
Mailing Address: 4145 Serenity Street
City: Schwenksville
State: PA
Zip Code: 19473
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2192.22
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148211**
Amount of Each Receipt this Period: 115.38
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 346.14

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

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

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Michael F Malatesta
Mailing Address: 4145 Serenity Street
City: Schwenksville
State: PA
Zip Code: 19473
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2307.60
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190504**
Amount of Each Receipt this Period: 115.38
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Michael F Malatesta
Mailing Address: 4145 Serenity Street
City: Schwenksville
State: PA
Zip Code: 19473
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2422.98
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291925**
Amount of Each Receipt this Period: 115.38
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Michael F Malatesta
Mailing Address: 4145 Serenity Street
City: Schwenksville
State: PA
Zip Code: 19473
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2538.36
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380169**
Amount of Each Receipt this Period: 115.38
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 346.14

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Michael F Malatesta

Mailing Address 4145 Serenity Street

City: Schwenksville
State: PA
Zip Code: 19473

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2653.74

Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485397**

Amount of Each Receipt this Period: 115.38

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Michael F Malatesta

Mailing Address 4145 Serenity Street

City: Schwenksville
State: PA
Zip Code: 19473

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2769.12

Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605763**

Amount of Each Receipt this Period: 115.38

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Michael F Malatesta

Mailing Address 4145 Serenity Street

City: Schwenksville
State: PA
Zip Code: 19473

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2884.50

Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676996**

Amount of Each Receipt this Period: 115.38

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 346.14

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

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Michael F Malatesta

Mailing Address 4145 Serenity Street

City: Schwenksville
State: PA
Zip Code: 19473

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2999.88

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828084**

Amount of Each Receipt this Period: 115.38

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Michael F Malatesta

Mailing Address 4145 Serenity Street

City: Schwenksville
State: PA
Zip Code: 19473

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 12 / 31 / 2015
**Transaction ID : A2015-2986344**

Amount of Each Receipt this Period: 0.12

[ ] Memo Item

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

Mailing Address 1060 Trevorton Road

City: Coal Township
State: PA
Zip Code: 17866

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378905**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 134.74

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Brian Mann

Mailing Address 1060 Trevorton Road

City: Coal Township
State: PA
Zip Code: 17866

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584287**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 1060 Trevorton Road

City: Coal Township
State: PA
Zip Code: 17866

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692115**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 1060 Trevorton Road

City: Coal Township
State: PA
Zip Code: 17866

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918027**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Brian Mann
Mailing Address: 1060 Trevorton Road
City: Coal Township | State: PA | Zip Code: 17866
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983801**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Brian Mann
Mailing Address: 1060 Trevorton Road
City: Coal Township | State: PA | Zip Code: 17866
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148212**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Brian Mann
Mailing Address: 1060 Trevorton Road
City: Coal Township | State: PA | Zip Code: 17866
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190505**
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)
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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Brian Mann

Mailing Address 1060 Trevorton Road

City: Coal Township | State: PA | Zip Code: 17866

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 404.04

Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291926**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 1060 Trevorton Road

City: Coal Township | State: PA | Zip Code: 17866

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 423.28

Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380170**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 1060 Trevorton Road

City: Coal Township | State: PA | Zip Code: 17866

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 442.52

Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485398**

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Brian Mann
Mailing Address: 1060 Trevorton Road
City: Coal Township | State: PA | Zip Code: 17866
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605764**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Brian Mann
Mailing Address: 1060 Trevorton Road
City: Coal Township | State: PA | Zip Code: 17866
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 481.00
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676997**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Brian Mann
Mailing Address: 1060 Trevorton Road
City: Coal Township | State: PA | Zip Code: 17866
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828085**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Christopher L Marshall
Mailing Address: 4966 Cline Hollow Road
City: Export
State: PA
Zip Code: 15632
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.36
Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378906**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Christopher L Marshall
Mailing Address: 4966 Cline Hollow Road
City: Export
State: PA
Zip Code: 15632
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.60
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584288**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Christopher L Marshall
Mailing Address: 4966 Cline Hollow Road
City: Export
State: PA
Zip Code: 15632
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692116**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Christopher L Marshall
Mailing Address: 4966 Cline Hollow Road
City: Export
State: PA
Zip Code: 15632
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918028**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Christopher L Marshall
Mailing Address: 4966 Cline Hollow Road
City: Export
State: PA
Zip Code: 15632
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983802**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Christopher L Marshall
Mailing Address: 4966 Cline Hollow Road
City: Export
State: PA
Zip Code: 15632
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148213**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Christopher L Marshall
Mailing Address: 4966 Cline Hollow Road
City: Export
State: PA
Zip Code: 15632
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190506**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Christopher L Marshall
Mailing Address: 4966 Cline Hollow Road
City: Export
State: PA
Zip Code: 15632
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291927**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Christopher L Marshall
Mailing Address: 4966 Cline Hollow Road
City: Export
State: PA
Zip Code: 15632
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380171**
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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Christopher L Marshall
Mailing Address: 4966 Cline Hollow Road
City: Export
State: PA
Zip Code: 15632
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485399**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Christopher L Marshall
Mailing Address: 4966 Cline Hollow Road
City: Export
State: PA
Zip Code: 15632
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605765**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Christopher L Marshall
Mailing Address: 4966 Cline Hollow Road
City: Export
State: PA
Zip Code: 15632
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 481.00
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676998**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Christopher L Marshall

Mailing Address 4966 Cline Hollow Road

City: Export
State: PA
Zip Code: 15632

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828086**

Amount of Each Receipt this Period: 19.00

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Anthony J Martino

Mailing Address 2421 W Barbie Lane

City: Phoenix
State: AZ
Zip Code: 85085

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378907**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Anthony J Martino

Mailing Address 2421 W Barbie Lane

City: Phoenix
State: AZ
Zip Code: 85085

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584289**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 57.48

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

# SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Anthony J Martino

Mailing Address 2421 W Barbie Lane

City: Phoenix
State: AZ
Zip Code: 85085

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
307.84

Date of Receipt
M M 07 / D D 31 / Y Y Y Y 2015

**Transaction ID : A2015-1692117**

Amount of Each Receipt this Period
19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Anthony J Martino

Mailing Address 2421 W Barbie Lane

City: Phoenix
State: AZ
Zip Code: 85085

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
327.08

Date of Receipt
M M 08 / D D 14 / Y Y Y Y 2015

**Transaction ID : A2015-1918029**

Amount of Each Receipt this Period
19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Anthony J Martino

Mailing Address 2421 W Barbie Lane

City: Phoenix
State: AZ
Zip Code: 85085

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
346.32

Date of Receipt
M M 08 / D D 28 / Y Y Y Y 2015

**Transaction ID : A2015-1983803**

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Anthony J Martino
Mailing Address: 2421 W Barbie Lane
City: Phoenix State: AZ Zip Code: 85085
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148214**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Anthony J Martino
Mailing Address: 2421 W Barbie Lane
City: Phoenix State: AZ Zip Code: 85085
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190507**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Anthony J Martino
Mailing Address: 2421 W Barbie Lane
City: Phoenix State: AZ Zip Code: 85085
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 404.04
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291928**
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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Anthony J Martino
Mailing Address: 2421 W Barbie Lane
City: Phoenix State: AZ Zip Code: 85085
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380172**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Anthony J Martino
Mailing Address: 2421 W Barbie Lane
City: Phoenix State: AZ Zip Code: 85085
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485400**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Anthony J Martino
Mailing Address: 2421 W Barbie Lane
City: Phoenix State: AZ Zip Code: 85085
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605766**
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

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Anthony J Martino

Mailing Address 2421 W Barbie Lane

City: Phoenix
State: AZ
Zip Code: 85085

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 481.00

Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2676999**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Anthony J Martino

Mailing Address 2421 W Barbie Lane

City: Phoenix
State: AZ
Zip Code: 85085

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828087**

Amount of Each Receipt this Period: 19.00

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mrs. Debora A Martoccio

Mailing Address 4511 Gulfwinds Drive

City: Lutz
State: FL
Zip Code: 33558

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378908**

Amount of Each Receipt this Period: 19.24

[ ] 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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mrs. Debora A Martoccio

Mailing Address 4511 Gulfwinds Drive

City: Lutz
State: FL
Zip Code: 33558

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: M M 07 / D D 17 / Y Y Y Y 2015

**Transaction ID : A2015-1584290**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mrs. Debora A Martoccio

Mailing Address 4511 Gulfwinds Drive

City: Lutz
State: FL
Zip Code: 33558

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: M M 07 / D D 31 / Y Y Y Y 2015

**Transaction ID : A2015-1692118**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mrs. Debora A Martoccio

Mailing Address 4511 Gulfwinds Drive

City: Lutz
State: FL
Zip Code: 33558

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: M M 08 / D D 14 / Y Y Y Y 2015

**Transaction ID : A2015-1918030**

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

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mrs. Debora A Martoccio

Mailing Address 4511 Gulfwinds Drive

City: Lutz | State: FL | Zip Code: 33558

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983804**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mrs. Debora A Martoccio

Mailing Address 4511 Gulfwinds Drive

City: Lutz | State: FL | Zip Code: 33558

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148215**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mrs. Debora A Martoccio

Mailing Address 4511 Gulfwinds Drive

City: Lutz | State: FL | Zip Code: 33558

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 384.80

Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190508**

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Debora A Martoccio
Mailing Address: 4511 Gulfwinds Drive
City: Lutz | State: FL | Zip Code: 33558
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: M M 10 / D D 09 / Y Y Y Y 2015
**Transaction ID : A2015-2291929**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Debora A Martoccio
Mailing Address: 4511 Gulfwinds Drive
City: Lutz | State: FL | Zip Code: 33558
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: M M 10 / D D 23 / Y Y Y Y 2015
**Transaction ID : A2015-2380173**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Debora A Martoccio
Mailing Address: 4511 Gulfwinds Drive
City: Lutz | State: FL | Zip Code: 33558
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2015
**Transaction ID : A2015-2485401**
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)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Debora A Martoccio
Mailing Address: 4511 Gulfwinds Drive
City: Lutz | State: FL | Zip Code: 33558
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605767**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Debora A Martoccio
Mailing Address: 4511 Gulfwinds Drive
City: Lutz | State: FL | Zip Code: 33558
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 481.00
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677000**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Debora A Martoccio
Mailing Address: 4511 Gulfwinds Drive
City: Lutz | State: FL | Zip Code: 33558
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828088**
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)
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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Michael H McAlister

Mailing Address 5950 Fishing Creek Road

City: Nolensville | State: TN | Zip Code: 37135

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1077.02

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378909**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Michael H McAlister

Mailing Address 5950 Fishing Creek Road

City: Nolensville | State: TN | Zip Code: 37135

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.95

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584291**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Michael H McAlister

Mailing Address 5950 Fishing Creek Road

City: Nolensville | State: TN | Zip Code: 37135

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1230.88

Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692119**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Michael H McAlister
Mailing Address: 5950 Fishing Creek Road
City: Nolensville State: TN Zip Code: 37135
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1307.81
Date of Receipt: 08 / 14 / 2015
Transaction ID : A2015-1918031
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Michael H McAlister
Mailing Address: 5950 Fishing Creek Road
City: Nolensville State: TN Zip Code: 37135
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1384.74
Date of Receipt: 08 / 28 / 2015
Transaction ID : A2015-1983805
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Michael H McAlister
Mailing Address: 5950 Fishing Creek Road
City: Nolensville State: TN Zip Code: 37135
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1461.67
Date of Receipt: 09 / 11 / 2015
Transaction ID : A2015-2148216
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Michael H McAlister
Mailing Address: 5950 Fishing Creek Road
City: Nolensville State: TN Zip Code: 37135
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1538.60
Date of Receipt: 09 / 25 / 2015
Transaction ID : A2015-2190509
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Michael H McAlister
Mailing Address: 5950 Fishing Creek Road
City: Nolensville State: TN Zip Code: 37135
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1615.53
Date of Receipt: 10 / 09 / 2015
Transaction ID : A2015-2291930
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Michael H McAlister
Mailing Address: 5950 Fishing Creek Road
City: Nolensville State: TN Zip Code: 37135
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1692.46
Date of Receipt: 10 / 23 / 2015
Transaction ID : A2015-2380174
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Michael H McAlister

Mailing Address 5950 Fishing Creek Road

City: Nolensville | State: TN | Zip Code: 37135

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1769.39

Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485402**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Michael H McAlister

Mailing Address 5950 Fishing Creek Road

City: Nolensville | State: TN | Zip Code: 37135

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1846.32

Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605768**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Michael H McAlister

Mailing Address 5950 Fishing Creek Road

City: Nolensville | State: TN | Zip Code: 37135

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1923.25

Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677001**

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Michael H McAlister

Mailing Address 5950 Fishing Creek Road

City: Nolensville | State: TN | Zip Code: 37135

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828089**

Amount of Each Receipt this Period: 76.75

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Michael T McGovern

Mailing Address 2452 Club Road

City: Columbus | State: OH | Zip Code: 43221

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.46

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378910**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Michael T McGovern

Mailing Address 2452 Club Road

City: Columbus | State: OH | Zip Code: 43221

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.85

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584292**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 307.53

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

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Michael T McGovern

Mailing Address 2452 Club Road

City: Columbus State: OH Zip Code: 43221

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1846.24

Date of Receipt: 07 / 31 / 2015

**Transaction ID : A2015-1692120**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Michael T McGovern

Mailing Address 2452 Club Road

City: Columbus State: OH Zip Code: 43221

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1961.63

Date of Receipt: 08 / 14 / 2015

**Transaction ID : A2015-1918032**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Michael T McGovern

Mailing Address 2452 Club Road

City: Columbus State: OH Zip Code: 43221

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2077.02

Date of Receipt: 08 / 28 / 2015

**Transaction ID : A2015-1983806**

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Michael T McGovern
Mailing Address: 2452 Club Road
City: Columbus State: OH Zip Code: 43221
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2192.41
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148217**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Michael T McGovern
Mailing Address: 2452 Club Road
City: Columbus State: OH Zip Code: 43221
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2307.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190510**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Michael T McGovern
Mailing Address: 2452 Club Road
City: Columbus State: OH Zip Code: 43221
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2423.19
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291931**
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)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Michael T McGovern

Mailing Address 2452 Club Road

City: Columbus
State: OH
Zip Code: 43221

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2538.58

Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380175**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Michael T McGovern

Mailing Address 2452 Club Road

City: Columbus
State: OH
Zip Code: 43221

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2653.97

Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485403**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Michael T McGovern

Mailing Address 2452 Club Road

City: Columbus
State: OH
Zip Code: 43221

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2769.36

Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605769**

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Michael T McGovern
Mailing Address: 2452 Club Road
City: Columbus State: OH Zip Code: 43221
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 2884.75
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677002**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Michael T McGovern
Mailing Address: 2452 Club Road
City: Columbus State: OH Zip Code: 43221
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828090**
Amount of Each Receipt this Period: 115.25
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Cynthia G McLain
Mailing Address: 1120 South Albert Pike
City: Fort Smith State: AR Zip Code: 72903
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190395**
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 730.64

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

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

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. James McNulty
Mailing Address: 208 Woodside Avenue
City: Narberth State: PA Zip Code: 19072
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President of Operations
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1615.46
Date of Receipt: 07 / 10 / 2015
**Transaction ID : A2015-1464780**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. James McNulty
Mailing Address: 208 Woodside Avenue
City: Narberth State: PA Zip Code: 19072
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President of Operations
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1730.85
Date of Receipt: 07 / 24 / 2015
**Transaction ID : A2015-1675689**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. James McNulty
Mailing Address: 208 Woodside Avenue
City: Narberth State: PA Zip Code: 19072
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President of Operations
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1846.24
Date of Receipt: 08 / 07 / 2015
**Transaction ID : A2015-1730222**
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)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. James McNulty
Mailing Address: 208 Woodside Avenue
City: Narberth
State: PA
Zip Code: 19072
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President of Operations
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1961.63
Date of Receipt: 08 / 21 / 2015
**Transaction ID : A2015-1918078**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. James McNulty
Mailing Address: 208 Woodside Avenue
City: Narberth
State: PA
Zip Code: 19072
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President of Operations
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2077.02
Date of Receipt: 09 / 04 / 2015
**Transaction ID : A2015-1983852**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. James McNulty
Mailing Address: 208 Woodside Avenue
City: Narberth
State: PA
Zip Code: 19072
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President of Operations
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2192.41
Date of Receipt: 09 / 18 / 2015
**Transaction ID : A2015-2162678**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. James McNulty
Mailing Address: 208 Woodside Avenue
City: Narberth | State: PA | Zip Code: 19072
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President of Operations
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2307.80
Date of Receipt: 10 / 02 / 2015
Transaction ID : A2015-2237192
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. James McNulty
Mailing Address: 208 Woodside Avenue
City: Narberth | State: PA | Zip Code: 19072
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President of Operations
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2423.19
Date of Receipt: 10 / 19 / 2015
Transaction ID : A2015-2358125
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. James McNulty
Mailing Address: 208 Woodside Avenue
City: Narberth | State: PA | Zip Code: 19072
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President of Operations
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2538.58
Date of Receipt: 10 / 30 / 2015
Transaction ID : A2015-2485348
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)
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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. James McNulty
Mailing Address: 208 Woodside Avenue
City: Narberth State: PA Zip Code: 19072
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President of Operations
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2653.97
Date of Receipt: 11 / 13 / 2015
Transaction ID : A2015-2605715
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. James McNulty
Mailing Address: 208 Woodside Avenue
City: Narberth State: PA Zip Code: 19072
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President of Operations
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2769.36
Date of Receipt: 11 / 27 / 2015
Transaction ID : A2015-2605815
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. James McNulty
Mailing Address: 208 Woodside Avenue
City: Narberth State: PA Zip Code: 19072
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President of Operations
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2884.75
Date of Receipt: 12 / 11 / 2015
Transaction ID : A2015-2678602
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial): Mr. James McNulty
Mailing Address: 208 Woodside Avenue
City: Narberth State: PA Zip Code: 19072
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President of Operations
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3000.00
Date of Receipt: 12/24/2015
Transaction ID : A2015-3186687
Amount of Each Receipt this Period: 115.25
[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial): Mr. Thomas P Mullin
Mailing Address: 215 St James Court
City: Mechanicsburg State: PA Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.36
Date of Receipt: 07/03/2015
Transaction ID : A2015-2378911
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial): Mr. Thomas P Mullin
Mailing Address: 215 St James Court
City: Mechanicsburg State: PA Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.60
Date of Receipt: 07/17/2015
Transaction ID : A2015-1584293
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 153.73

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Thomas P Mullin
Mailing Address: 215 St James Court
City: Mechanicsburg State: PA Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: M M 07 / D D 31 / Y Y Y Y 2015
**Transaction ID : A2015-1692121**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Thomas P Mullin
Mailing Address: 215 St James Court
City: Mechanicsburg State: PA Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: M M 08 / D D 14 / Y Y Y Y 2015
**Transaction ID : A2015-1918033**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Thomas P Mullin
Mailing Address: 215 St James Court
City: Mechanicsburg State: PA Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: M M 08 / D D 28 / Y Y Y Y 2015
**Transaction ID : A2015-1983807**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Thomas P Mullin
Mailing Address: 215 St James Court
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148218**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Thomas P Mullin
Mailing Address: 215 St James Court
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190511**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Thomas P Mullin
Mailing Address: 215 St James Court
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291932**
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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Thomas P Mullin
Mailing Address: 215 St James Court
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380176**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Thomas P Mullin
Mailing Address: 215 St James Court
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485404**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Thomas P Mullin
Mailing Address: 215 St James Court
City: Mechanicsburg
State: PA
Zip Code: 17050
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605770**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Thomas P Mullin
Mailing Address: 215 St James Court
City: Mechanicsburg State: PA Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 481.00
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677003**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Thomas P Mullin
Mailing Address: 215 St James Court
City: Mechanicsburg State: PA Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828091**
Amount of Each Receipt this Period: 19.00
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Francis P Naselli Jr.
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: Select Medical Corporation
Occupation: Regional Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 10 / 22 / 2015
**Transaction ID : A2015-2364707**
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 538.24

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

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

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

FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Gregory C Nichols
Mailing Address: 608 Castlebrook Dr
City: Prattville
State: AL
Zip Code: 36066
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: President of Network Development (E
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.36
Date of Receipt: 07 / 10 / 2015
**Transaction ID : A2015-1464781**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Gregory C Nichols
Mailing Address: 608 Castlebrook Dr
City: Prattville
State: AL
Zip Code: 36066
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: President of Network Development (E
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.60
Date of Receipt: 07 / 24 / 2015
**Transaction ID : A2015-1675690**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Gregory C Nichols
Mailing Address: 608 Castlebrook Dr
City: Prattville
State: AL
Zip Code: 36066
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: President of Network Development (E
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 08 / 07 / 2015
**Transaction ID : A2015-1730223**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Gregory C Nichols

Mailing Address 608 Castlebrook Dr

City: Prattville
State: AL
Zip Code: 36066

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: President of Network Development (E

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 21 / 2015
**Transaction ID : A2015-1918079**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Gregory C Nichols

Mailing Address 608 Castlebrook Dr

City: Prattville
State: AL
Zip Code: 36066

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: President of Network Development (E

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 09 / 04 / 2015
**Transaction ID : A2015-1983853**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 608 Castlebrook Dr

City: Prattville
State: AL
Zip Code: 36066

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: President of Network Development (E

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 18 / 2015
**Transaction ID : A2015-2162679**

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Gregory C Nichols
Mailing Address: 608 Castlebrook Dr
City: Prattville
State: AL
Zip Code: 36066
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: President of Network Development (E
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 10 / 02 / 2015
**Transaction ID : A2015-2237193**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Gregory C Nichols
Mailing Address: 608 Castlebrook Dr
City: Prattville
State: AL
Zip Code: 36066
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: President of Network Development (E
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: 10 / 19 / 2015
**Transaction ID : A2015-2358126**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Gregory C Nichols
Mailing Address: 608 Castlebrook Dr
City: Prattville
State: AL
Zip Code: 36066
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: President of Network Development (E
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: 10 / 30 / 2015
**Transaction ID : A2015-2485349**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Gregory C Nichols
Mailing Address: 608 Castlebrook Dr
City: Prattville
State: AL
Zip Code: 36066
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: President of Network Development (E
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 13 / 2015
**Transaction ID : A2015-2605716**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Gregory C Nichols
Mailing Address: 608 Castlebrook Dr
City: Prattville
State: AL
Zip Code: 36066
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: President of Network Development (E
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 27 / 2015
**Transaction ID : A2015-2605816**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Gregory C Nichols
Mailing Address: 608 Castlebrook Dr
City: Prattville
State: AL
Zip Code: 36066
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: President of Network Development (E
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 481.00
Date of Receipt: 12 / 11 / 2015
**Transaction ID : A2015-2678603**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Gregory C Nichols

Mailing Address 608 Castlebrook Dr

City: Prattville
State: AL
Zip Code: 36066

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: President of Network Development (E

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 24 / 2015
**Transaction ID : A2015-3186686**

Amount of Each Receipt this Period: 19.00

[ ] Memo Item

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

Mailing Address 24 3rd Street

City: Aspinwall
State: PA
Zip Code: 15215

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1077.02

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378912**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

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

Mailing Address 24 3rd Street

City: Aspinwall
State: PA
Zip Code: 15215

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.95

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584294**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 172.86

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Sharon A Noro
Mailing Address: 24 3rd Street
City: Aspinwall State: PA Zip Code: 15215
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1230.88
Date of Receipt: M M 07 / D D 31 / Y Y Y Y 2015
**Transaction ID : A2015-1692122**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Sharon A Noro
Mailing Address: 24 3rd Street
City: Aspinwall State: PA Zip Code: 15215
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1307.81
Date of Receipt: M M 08 / D D 14 / Y Y Y Y 2015
**Transaction ID : A2015-1918034**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Sharon A Noro
Mailing Address: 24 3rd Street
City: Aspinwall State: PA Zip Code: 15215
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1384.74
Date of Receipt: M M 08 / D D 28 / Y Y Y Y 2015
**Transaction ID : A2015-1983808**
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)
[X] 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.**
Full Name (Last, First, Middle Initial): Mrs. Sharon A Noro
Mailing Address: 24 3rd Street
City: Aspinwall State: PA Zip Code: 15215
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1461.67
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148219**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Sharon A Noro
Mailing Address: 24 3rd Street
City: Aspinwall State: PA Zip Code: 15215
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1538.60
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190512**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Sharon A Noro
Mailing Address: 24 3rd Street
City: Aspinwall State: PA Zip Code: 15215
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1615.53
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291933**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Sharon A Noro
Mailing Address: 24 3rd Street
City: Aspinwall
State: PA
Zip Code: 15215
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1692.46
Date of Receipt: 10 / 23 / 2015
Transaction ID : A2015-2380177
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Sharon A Noro
Mailing Address: 24 3rd Street
City: Aspinwall
State: PA
Zip Code: 15215
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1807.85
Date of Receipt: 11 / 06 / 2015
Transaction ID : A2015-2485405
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Sharon A Noro
Mailing Address: 24 3rd Street
City: Aspinwall
State: PA
Zip Code: 15215
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1923.24
Date of Receipt: 11 / 20 / 2015
Transaction ID : A2015-2605771
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

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

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Sharon A Noro
Mailing Address: 24 3rd Street
City: Aspinwall State: PA Zip Code: 15215
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2038.63
Date of Receipt: 12 / 04 / 2015
Transaction ID : A2015-2677004
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Sharon A Noro
Mailing Address: 24 3rd Street
City: Aspinwall State: PA Zip Code: 15215
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2154.02
Date of Receipt: 12 / 18 / 2015
Transaction ID : A2015-2828092
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Sharon A Noro
Mailing Address: 24 3rd Street
City: Aspinwall State: PA Zip Code: 15215
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2269.41
Date of Receipt: 12 / 31 / 2015
Transaction ID : A2015-2986345
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Ron A Norris

Mailing Address 2300 Marie Curie Drive

City: Garland
State: TX
Zip Code: 75042

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378950**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Ron A Norris

Mailing Address 2300 Marie Curie Drive

City: Garland
State: TX
Zip Code: 75042

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584332**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Ron A Norris

Mailing Address 2300 Marie Curie Drive

City: Garland
State: TX
Zip Code: 75042

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692160**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Ron A Norris
Mailing Address: 2300 Marie Curie Drive
City: Garland | State: TX | Zip Code: 75042
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918072**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Ron A Norris
Mailing Address: 2300 Marie Curie Drive
City: Garland | State: TX | Zip Code: 75042
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983846**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Ron A Norris
Mailing Address: 2300 Marie Curie Drive
City: Garland | State: TX | Zip Code: 75042
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148258**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Ron A Norris
Mailing Address: 2300 Marie Curie Drive
City: Garland State: TX Zip Code: 75042
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.80
Date of Receipt: 09 / 25 / 2015
Transaction ID : A2015-2190550
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Ron A Norris
Mailing Address: 2300 Marie Curie Drive
City: Garland State: TX Zip Code: 75042
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 404.04
Date of Receipt: 10 / 09 / 2015
Transaction ID : A2015-2291971
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Ron A Norris
Mailing Address: 2300 Marie Curie Drive
City: Garland State: TX Zip Code: 75042
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 423.28
Date of Receipt: 10 / 23 / 2015
Transaction ID : A2015-2380215
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Ron A Norris
Mailing Address: 2300 Marie Curie Drive
City: Garland | State: TX | Zip Code: 75042
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485443**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Ron A Norris
Mailing Address: 2300 Marie Curie Drive
City: Garland | State: TX | Zip Code: 75042
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605809**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Ron A Norris
Mailing Address: 2300 Marie Curie Drive
City: Garland | State: TX | Zip Code: 75042
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 481.00
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677048**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Ron A Norris

Mailing Address 2300 Marie Curie Drive

City: Garland | State: TX | Zip Code: 75042

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828136**

Amount of Each Receipt this Period: 19.00

[ ] Memo Item

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

Mailing Address 5614 Wembley Court

City: Clarkston | State: MI | Zip Code: 48346

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378913**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 5614 Wembley Court

City: Clarkston | State: MI | Zip Code: 48346

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584295**

Amount of Each Receipt this Period: 19.24

[ ] 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

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. John F O'Malley
Mailing Address: 5614 Wembley Court
City: Clarkston State: MI Zip Code: 48346
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692123**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. John F O'Malley
Mailing Address: 5614 Wembley Court
City: Clarkston State: MI Zip Code: 48346
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918035**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. John F O'Malley
Mailing Address: 5614 Wembley Court
City: Clarkston State: MI Zip Code: 48346
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983809**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 5614 Wembley Court

City: Clarkston
State: MI
Zip Code: 48346

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
365.56

Date of Receipt
09 / 11 / 2015

**Transaction ID : A2015-2148220**

Amount of Each Receipt this Period
19.24

[ ] Memo Item

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

Mailing Address 5614 Wembley Court

City: Clarkston
State: MI
Zip Code: 48346

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
384.80

Date of Receipt
09 / 25 / 2015

**Transaction ID : A2015-2190513**

Amount of Each Receipt this Period
19.24

[ ] Memo Item

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

Mailing Address 5614 Wembley Court

City: Clarkston
State: MI
Zip Code: 48346

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
404.04

Date of Receipt
10 / 09 / 2015

**Transaction ID : A2015-2291934**

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 5614 Wembley Court

City: Clarkston
State: MI
Zip Code: 48346

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 423.28

Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380178**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 5614 Wembley Court

City: Clarkston
State: MI
Zip Code: 48346

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 442.52

Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485406**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 5614 Wembley Court

City: Clarkston
State: MI
Zip Code: 48346

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 461.76

Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605772**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 5614 Wembley Court

City: Clarkston
State: MI
Zip Code: 48346

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 481.00

Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677005**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 5614 Wembley Court

City: Clarkston
State: MI
Zip Code: 48346

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828093**

Amount of Each Receipt this Period: 19.00

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Robert A Ortenzio

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: Select Medical Corporation
Occupation: Chief Executive Officer (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 28 / 2015
**Transaction ID : A2015-2381236**

Amount of Each Receipt this Period: 5000.00

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 5038.24

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Rocco A Ortenzio

Mailing Address 7 Westwind Drive

City: Lemoyne
State: PA
Zip Code: 17043

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Executive Chairman (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 28 / 2015
**Transaction ID : A2015-2381237**

Amount of Each Receipt this Period: 5000.00

[ ] Memo Item

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

Mailing Address 530 Warrick Drive

City: Washington
State: PA
Zip Code: 15301

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 22 / 2015
**Transaction ID : A2015-2364706**

Amount of Each Receipt this Period: 1000.00

[ ] Memo Item

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

Mailing Address 4514 W 72nd Street

City: Prairie Village
State: KS
Zip Code: 66208

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.34

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378914**

Amount of Each Receipt this Period: 192.31

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 6192.31

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Matthew P Pearson
Mailing Address: 4514 W 72nd Street
City: Prairie Village
State: KS
Zip Code: 66208
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2884.65
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584296**
Amount of Each Receipt this Period: 192.31
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Matthew P Pearson
Mailing Address: 4514 W 72nd Street
City: Prairie Village
State: KS
Zip Code: 66208
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3076.96
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692124**
Amount of Each Receipt this Period: 192.31
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Matthew P Pearson
Mailing Address: 4514 W 72nd Street
City: Prairie Village
State: KS
Zip Code: 66208
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3269.27
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918036**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Matthew P Pearson
Mailing Address: 4514 W 72nd Street
City: Prairie Village
State: KS
Zip Code: 66208
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3461.58
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983810**
Amount of Each Receipt this Period: 192.31
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Matthew P Pearson
Mailing Address: 4514 W 72nd Street
City: Prairie Village
State: KS
Zip Code: 66208
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3653.89
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148221**
Amount of Each Receipt this Period: 192.31
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Matthew P Pearson
Mailing Address: 4514 W 72nd Street
City: Prairie Village
State: KS
Zip Code: 66208
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3846.20
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190514**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 4514 W 72nd Street

City: Prairie Village
State: KS
Zip Code: 66208

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4038.51

Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291935**

Amount of Each Receipt this Period: 192.31

[ ] Memo Item

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

Mailing Address 4514 W 72nd Street

City: Prairie Village
State: KS
Zip Code: 66208

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4230.82

Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380179**

Amount of Each Receipt this Period: 192.31

[ ] Memo Item

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

Mailing Address 4514 W 72nd Street

City: Prairie Village
State: KS
Zip Code: 66208

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4423.13

Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485407**

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 4514 W 72nd Street

City: Prairie Village
State: KS
Zip Code: 66208

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4615.44

Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605773**

Amount of Each Receipt this Period: 192.31

[ ] Memo Item

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

Mailing Address 4514 W 72nd Street

City: Prairie Village
State: KS
Zip Code: 66208

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4807.75

Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677007**

Amount of Each Receipt this Period: 192.31

[ ] Memo Item

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

Mailing Address 4514 W 72nd Street

City: Prairie Village
State: KS
Zip Code: 66208

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828095**

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 4771 Sweetshade Drive

City: Sarasota
State: FL
Zip Code: 34241

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378915**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 4771 Sweetshade Drive

City: Sarasota
State: FL
Zip Code: 34241

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584297**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 4771 Sweetshade Drive

City: Sarasota
State: FL
Zip Code: 34241

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692125**

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)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 4771 Sweetshade Drive

City: Sarasota State: FL Zip Code: 34241

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918037**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 4771 Sweetshade Drive

City: Sarasota State: FL Zip Code: 34241

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983811**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 4771 Sweetshade Drive

City: Sarasota State: FL Zip Code: 34241

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148222**

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Genise Pedrick
Mailing Address: 4771 Sweetshade Drive
City: Sarasota State: FL Zip Code: 34241
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Regional Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190515**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Genise Pedrick
Mailing Address: 4771 Sweetshade Drive
City: Sarasota State: FL Zip Code: 34241
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Regional Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291936**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Genise Pedrick
Mailing Address: 4771 Sweetshade Drive
City: Sarasota State: FL Zip Code: 34241
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Regional Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380180**
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

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Genise Pedrick
Mailing Address: 4771 Sweetshade Drive
City: Sarasota State: FL Zip Code: 34241
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Regional Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 06 / 2015
Transaction ID : A2015-2485408
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Genise Pedrick
Mailing Address: 4771 Sweetshade Drive
City: Sarasota State: FL Zip Code: 34241
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Regional Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
Transaction ID : A2015-2605774
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Genise Pedrick
Mailing Address: 4771 Sweetshade Drive
City: Sarasota State: FL Zip Code: 34241
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Regional Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 481.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : A2015-2677008
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 4771 Sweetshade Drive

City: Sarasota | State: FL | Zip Code: 34241

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828096**

Amount of Each Receipt this Period: 19.00

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. William L Pegler

Mailing Address 4714 Gettysburg Road

City: Mechanicsburg | State: PA | Zip Code: 17055

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Vice President, Operations (Ex) - 0

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 230.78

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828137**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. William L Pegler

Mailing Address 4714 Gettysburg Road

City: Mechanicsburg | State: PA | Zip Code: 17055

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Vice President, Operations (Ex) - 0

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 346.17

Date of Receipt: 12 / 31 / 2015
**Transaction ID : A2015-2986359**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 249.78

**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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Lisa J Pettrey
Mailing Address: 5625 Preswick Drive
City: Dublin State: OH Zip Code: 43017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.36
Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378916**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Lisa J Pettrey
Mailing Address: 5625 Preswick Drive
City: Dublin State: OH Zip Code: 43017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.60
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584298**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Lisa J Pettrey
Mailing Address: 5625 Preswick Drive
City: Dublin State: OH Zip Code: 43017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692126**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Lisa J Pettrey
Mailing Address: 5625 Preswick Drive
City: Dublin State: OH Zip Code: 43017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918038**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Lisa J Pettrey
Mailing Address: 5625 Preswick Drive
City: Dublin State: OH Zip Code: 43017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983812**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Lisa J Pettrey
Mailing Address: 5625 Preswick Drive
City: Dublin State: OH Zip Code: 43017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148223**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mrs. Lisa J Pettrey

Mailing Address 5625 Preswick Drive

City: Dublin
State: OH
Zip Code: 43017

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 384.80

Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190516**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mrs. Lisa J Pettrey

Mailing Address 5625 Preswick Drive

City: Dublin
State: OH
Zip Code: 43017

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 404.04

Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291937**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mrs. Lisa J Pettrey

Mailing Address 5625 Preswick Drive

City: Dublin
State: OH
Zip Code: 43017

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 423.28

Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380181**

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mrs. Lisa J Pettrey

Mailing Address 5625 Preswick Drive

City: Dublin
State: OH
Zip Code: 43017

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
442.52

Date of Receipt
M M 11 / D D 06 / Y Y Y Y 2015

**Transaction ID : A2015-2485409**

Amount of Each Receipt this Period
19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mrs. Lisa J Pettrey

Mailing Address 5625 Preswick Drive

City: Dublin
State: OH
Zip Code: 43017

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
461.76

Date of Receipt
M M 11 / D D 20 / Y Y Y Y 2015

**Transaction ID : A2015-2605775**

Amount of Each Receipt this Period
19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mrs. Lisa J Pettrey

Mailing Address 5625 Preswick Drive

City: Dublin
State: OH
Zip Code: 43017

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
481.00

Date of Receipt
M M 12 / D D 04 / Y Y Y Y 2015

**Transaction ID : A2015-2677009**

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)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mrs. Lisa J Pettrey

Mailing Address 5625 Preswick Drive

City: Dublin
State: OH
Zip Code: 43017

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2015

**Transaction ID : A2015-2828097**

Amount of Each Receipt this Period: 19.00

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Steve C Plumlee

Mailing Address 12311 Bonnybridge Lane

City: Knoxville
State: TN
Zip Code: 37922

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: M M 07 / D D 03 / Y Y Y Y 2015

**Transaction ID : A2015-2378917**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 12311 Bonnybridge Lane

City: Knoxville
State: TN
Zip Code: 37922

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: M M 07 / D D 17 / Y Y Y Y 2015

**Transaction ID : A2015-1584299**

Amount of Each Receipt this Period: 19.24

[ ] 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)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Steve C Plumlee
Mailing Address: 12311 Bonnybridge Lane
City: Knoxville State: TN Zip Code: 37922
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692127**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Steve C Plumlee
Mailing Address: 12311 Bonnybridge Lane
City: Knoxville State: TN Zip Code: 37922
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918039**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Steve C Plumlee
Mailing Address: 12311 Bonnybridge Lane
City: Knoxville State: TN Zip Code: 37922
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983813**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Steve C Plumlee
Mailing Address: 12311 Bonnybridge Lane
City: Knoxville State: TN Zip Code: 37922
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148224**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Steve C Plumlee
Mailing Address: 12311 Bonnybridge Lane
City: Knoxville State: TN Zip Code: 37922
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190517**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Steve C Plumlee
Mailing Address: 12311 Bonnybridge Lane
City: Knoxville State: TN Zip Code: 37922
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291938**
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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Steve C Plumlee
Mailing Address: 12311 Bonnybridge Lane
City: Knoxville State: TN Zip Code: 37922
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380182**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Steve C Plumlee
Mailing Address: 12311 Bonnybridge Lane
City: Knoxville State: TN Zip Code: 37922
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485410**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Steve C Plumlee
Mailing Address: 12311 Bonnybridge Lane
City: Knoxville State: TN Zip Code: 37922
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605776**
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

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial): Mr. Steve C Plumlee
Mailing Address: 12311 Bonnybridge Lane
City: Knoxville State: TN Zip Code: 37922
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 481.00
Date of Receipt: 12/04/2015
Transaction ID : A2015-2677010
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial): Mr. Steve C Plumlee
Mailing Address: 12311 Bonnybridge Lane
City: Knoxville State: TN Zip Code: 37922
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12/18/2015
Transaction ID : A2015-2828098
Amount of Each Receipt this Period: 19.00
[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial): Mr. Fabian E Polo
Mailing Address: 4713 Parkhaven Dr.
City: Garland State: TX Zip Code: 75043
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Operating Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.36
Date of Receipt: 07/03/2015
Transaction ID : A2015-2378918
Amount of Each Receipt this Period: 19.24
[ ] 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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Fabian E Polo
Mailing Address: 4713 Parkhaven Dr.
City: Garland | State: TX | Zip Code: 75043
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Operating Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.60
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584300**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Fabian E Polo
Mailing Address: 4713 Parkhaven Dr.
City: Garland | State: TX | Zip Code: 75043
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Operating Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692128**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Fabian E Polo
Mailing Address: 4713 Parkhaven Dr.
City: Garland | State: TX | Zip Code: 75043
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Operating Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918040**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Fabian E Polo
Mailing Address: 4713 Parkhaven Dr.
City: Garland | State: TX | Zip Code: 75043
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Operating Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983814**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Fabian E Polo
Mailing Address: 4713 Parkhaven Dr.
City: Garland | State: TX | Zip Code: 75043
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Operating Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148225**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Fabian E Polo
Mailing Address: 4713 Parkhaven Dr.
City: Garland | State: TX | Zip Code: 75043
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Operating Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190518**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Fabian E Polo
Mailing Address: 4713 Parkhaven Dr.
City: Garland | State: TX | Zip Code: 75043
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Operating Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291939**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Fabian E Polo
Mailing Address: 4713 Parkhaven Dr.
City: Garland | State: TX | Zip Code: 75043
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Operating Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380183**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Fabian E Polo
Mailing Address: 4713 Parkhaven Dr.
City: Garland | State: TX | Zip Code: 75043
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Operating Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485411**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Fabian E Polo
Mailing Address: 4713 Parkhaven Dr.
City: Garland | State: TX | Zip Code: 75043
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Operating Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605777**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Fabian E Polo
Mailing Address: 4713 Parkhaven Dr.
City: Garland | State: TX | Zip Code: 75043
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Operating Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 481.00
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677011**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Fabian E Polo
Mailing Address: 4713 Parkhaven Dr.
City: Garland | State: TX | Zip Code: 75043
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Operating Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828099**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Ms. Budine Pucylowski

Mailing Address 140 Old Vineyard Lane

City: Heath | State: TX | Zip Code: 75032

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Vice President of Business Developm

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378919**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 140 Old Vineyard Lane

City: Heath | State: TX | Zip Code: 75032

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Vice President of Business Developm

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584301**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 140 Old Vineyard Lane

City: Heath | State: TX | Zip Code: 75032

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Vice President of Business Developm

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692129**

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Budine Pucylowski
Mailing Address: 140 Old Vineyard Lane
City: Heath State: TX Zip Code: 75032
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Business Developm
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918041**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Budine Pucylowski
Mailing Address: 140 Old Vineyard Lane
City: Heath State: TX Zip Code: 75032
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Business Developm
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983815**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Budine Pucylowski
Mailing Address: 140 Old Vineyard Lane
City: Heath State: TX Zip Code: 75032
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Business Developm
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148226**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Ms. Budine Pucylowski

Mailing Address 140 Old Vineyard Lane

City: Heath | State: TX | Zip Code: 75032

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Vice President of Business Developm

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 384.80

Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190519**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 140 Old Vineyard Lane

City: Heath | State: TX | Zip Code: 75032

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Vice President of Business Developm

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 404.04

Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291940**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 140 Old Vineyard Lane

City: Heath | State: TX | Zip Code: 75032

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Vice President of Business Developm

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 423.28

Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380184**

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Budine Pucylowski
Mailing Address: 140 Old Vineyard Lane
City: Heath State: TX Zip Code: 75032
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Business Developm
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485412**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Budine Pucylowski
Mailing Address: 140 Old Vineyard Lane
City: Heath State: TX Zip Code: 75032
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Business Developm
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605778**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Budine Pucylowski
Mailing Address: 140 Old Vineyard Lane
City: Heath State: TX Zip Code: 75032
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President of Business Developm
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 481.00
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677012**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Ms. Budine Pucylowski

Mailing Address 140 Old Vineyard Lane

City: Heath | State: TX | Zip Code: 75032

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Vice President of Business Developm

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828100**

Amount of Each Receipt this Period: 19.00

[ ] Memo Item

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

Mailing Address 381 Longwood Drive

City: Meridian | State: MS | Zip Code: 39305

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 327.05

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378920**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 381 Longwood Drive

City: Meridian | State: MS | Zip Code: 39305

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 346.29

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584302**

Amount of Each Receipt this Period: 19.24

[ ] 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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. John C Quinn
Mailing Address: 381 Longwood Drive
City: Meridian State: MS Zip Code: 39305
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.53
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692130**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. John C Quinn
Mailing Address: 381 Longwood Drive
City: Meridian State: MS Zip Code: 39305
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.77
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918042**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. John C Quinn
Mailing Address: 381 Longwood Drive
City: Meridian State: MS Zip Code: 39305
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.01
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983816**
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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. John C Quinn
Mailing Address: 381 Longwood Drive
City: Meridian State: MS Zip Code: 39305
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.25
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148227**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. John C Quinn
Mailing Address: 381 Longwood Drive
City: Meridian State: MS Zip Code: 39305
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.49
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190520**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. John C Quinn
Mailing Address: 381 Longwood Drive
City: Meridian State: MS Zip Code: 39305
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.73
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291941**
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)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. John C Quinn
Mailing Address: 381 Longwood Drive
City: Meridian State: MS Zip Code: 39305
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 480.97
Date of Receipt: M M 10 / D D 23 / Y Y Y Y 2015
**Transaction ID : A2015-2380185**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. John C Quinn
Mailing Address: 381 Longwood Drive
City: Meridian State: MS Zip Code: 39305
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.21
Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2015
**Transaction ID : A2015-2485413**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. John C Quinn
Mailing Address: 381 Longwood Drive
City: Meridian State: MS Zip Code: 39305
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 519.45
Date of Receipt: M M 11 / D D 20 / Y Y Y Y 2015
**Transaction ID : A2015-2605779**
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)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. John C Quinn
Mailing Address: 381 Longwood Drive
City: Meridian State: MS Zip Code: 39305
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 538.69
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677013**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. John C Quinn
Mailing Address: 381 Longwood Drive
City: Meridian State: MS Zip Code: 39305
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 557.93
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828101**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. John C Quinn
Mailing Address: 381 Longwood Drive
City: Meridian State: MS Zip Code: 39305
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 576.93
Date of Receipt: 12 / 31 / 2015
**Transaction ID : A2015-2986347**
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)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Ms. Chandelle L Rhodes

Mailing Address 20528 Lagoona Drive

City: Cornelius
State: NC
Zip Code: 28031

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378921**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Ms. Chandelle L Rhodes

Mailing Address 20528 Lagoona Drive

City: Cornelius
State: NC
Zip Code: 28031

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584303**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Ms. Chandelle L Rhodes

Mailing Address 20528 Lagoona Drive

City: Cornelius
State: NC
Zip Code: 28031

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692131**

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

**A.** Full Name (Last, First, Middle Initial)
Ms. Chandelle L Rhodes

Mailing Address 20528 Lagoona Drive

City: Cornelius
State: NC
Zip Code: 28031

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918043**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Ms. Chandelle L Rhodes

Mailing Address 20528 Lagoona Drive

City: Cornelius
State: NC
Zip Code: 28031

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983817**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Ms. Chandelle L Rhodes

Mailing Address 20528 Lagoona Drive

City: Cornelius
State: NC
Zip Code: 28031

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148228**

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

**A.** Full Name (Last, First, Middle Initial)
Ms. Chandelle L Rhodes

Mailing Address 20528 Lagoona Drive

City: Cornelius
State: NC
Zip Code: 28031

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 384.80

Date of Receipt: 09 / 25 / 2015

**Transaction ID : A2015-2190521**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Ms. Chandelle L Rhodes

Mailing Address 20528 Lagoona Drive

City: Cornelius
State: NC
Zip Code: 28031

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 404.04

Date of Receipt: 10 / 09 / 2015

**Transaction ID : A2015-2291942**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Ms. Chandelle L Rhodes

Mailing Address 20528 Lagoona Drive

City: Cornelius
State: NC
Zip Code: 28031

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 423.28

Date of Receipt: 10 / 23 / 2015

**Transaction ID : A2015-2380186**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Ms. Chandelle L Rhodes

Mailing Address 20528 Lagoona Drive

City: Cornelius
State: NC
Zip Code: 28031

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 442.52

Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485414**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Ms. Chandelle L Rhodes

Mailing Address 20528 Lagoona Drive

City: Cornelius
State: NC
Zip Code: 28031

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 461.76

Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605780**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Ms. Chandelle L Rhodes

Mailing Address 20528 Lagoona Drive

City: Cornelius
State: NC
Zip Code: 28031

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.23

Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677014**

Amount of Each Receipt this Period: 38.47

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 76.95

**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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Ms. Chandelle L Rhodes

Mailing Address 20528 Lagoona Drive

City: Cornelius | State: NC | Zip Code: 28031

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 538.70

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828102**

Amount of Each Receipt this Period: 38.47

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Ms. Chandelle L Rhodes

Mailing Address 20528 Lagoona Drive

City: Cornelius | State: NC | Zip Code: 28031

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 577.17

Date of Receipt: 12 / 31 / 2015
**Transaction ID : A2015-2986348**

Amount of Each Receipt this Period: 38.47

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mrs. Patricia A Rice

Mailing Address 19640 Gulf Boulevard Apt. 701

City: Indian Shores | State: FL | Zip Code: 33785-2487

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Executive Advisor (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 12 / 17 / 2015
**Transaction ID : A2015-2744694**

Amount of Each Receipt this Period: 5000.00

[ ] Memo Item

**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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 440 Boyer Street

City: Halifax
State: PA
Zip Code: 17032

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 11 / 05 / 2015
**Transaction ID : A2015-2420814**

Amount of Each Receipt this Period: 5000.00

[ ] Memo Item

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

Mailing Address 2027 Sun Flower Ct.

City: Chesterfield
State: MO
Zip Code: 63017

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 07 / 10 / 2015
**Transaction ID : A2015-1464782**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 2027 Sun Flower Ct.

City: Chesterfield
State: MO
Zip Code: 63017

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 07 / 24 / 2015
**Transaction ID : A2015-1675691**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 5038.48

**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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial): Doctor Jason Rubel
Mailing Address: 2027 Sun Flower Ct.
City: Chesterfield State: MO Zip Code: 63017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.84
Date of Receipt: 08/07/2015
Transaction ID : A2015-1730224
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial): Doctor Jason Rubel
Mailing Address: 2027 Sun Flower Ct.
City: Chesterfield State: MO Zip Code: 63017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 327.08
Date of Receipt: 08/21/2015
Transaction ID : A2015-1918080
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial): Doctor Jason Rubel
Mailing Address: 2027 Sun Flower Ct.
City: Chesterfield State: MO Zip Code: 63017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.32
Date of Receipt: 09/04/2015
Transaction ID : A2015-1983854
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Doctor Jason Rubel
Mailing Address: 2027 Sun Flower Ct.
City: Chesterfield State: MO Zip Code: 63017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 18 / 2015
**Transaction ID : A2015-2162680**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Doctor Jason Rubel
Mailing Address: 2027 Sun Flower Ct.
City: Chesterfield State: MO Zip Code: 63017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 10 / 02 / 2015
**Transaction ID : A2015-2237194**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Doctor Jason Rubel
Mailing Address: 2027 Sun Flower Ct.
City: Chesterfield State: MO Zip Code: 63017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: 10 / 19 / 2015
**Transaction ID : A2015-2358127**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial): Doctor Jason Rubel
Mailing Address: 2027 Sun Flower Ct.
City: Chesterfield State: MO Zip Code: 63017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 423.28
Date of Receipt: 10 / 30 / 2015
Transaction ID : A2015-2485350
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial): Doctor Jason Rubel
Mailing Address: 2027 Sun Flower Ct.
City: Chesterfield State: MO Zip Code: 63017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 442.52
Date of Receipt: 11 / 13 / 2015
Transaction ID : A2015-2605717
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial): Doctor Jason Rubel
Mailing Address: 2027 Sun Flower Ct.
City: Chesterfield State: MO Zip Code: 63017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 461.76
Date of Receipt: 11 / 27 / 2015
Transaction ID : A2015-2605817
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial): Doctor Jason Rubel
Mailing Address: 2027 Sun Flower Ct.
City: Chesterfield State: MO Zip Code: 63017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 481.00
Date of Receipt: 12 / 11 / 2015
Transaction ID : A2015-2678604
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial): Doctor Jason Rubel
Mailing Address: 2027 Sun Flower Ct.
City: Chesterfield State: MO Zip Code: 63017
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 24 / 2015
Transaction ID : A2015-2986330
Amount of Each Receipt this Period: 19.00
[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial): Mr. Brian R Rusignuolo
Mailing Address: 1339 Sconsett Way
City: New Cumberland State: PA Zip Code: 17070
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2538.48
Date of Receipt: 07 / 03 / 2015
Transaction ID : A2015-2378922
Amount of Each Receipt this Period: 192.31
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 230.55

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

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Brian R Rusignuolo
Mailing Address: 1339 Sconsett Way
City: New Cumberland
State: PA
Zip Code: 17070
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2730.79
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584304**
Amount of Each Receipt this Period: 192.31
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Brian R Rusignuolo
Mailing Address: 1339 Sconsett Way
City: New Cumberland
State: PA
Zip Code: 17070
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2923.10
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692132**
Amount of Each Receipt this Period: 192.31
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Brian R Rusignuolo
Mailing Address: 1339 Sconsett Way
City: New Cumberland
State: PA
Zip Code: 17070
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3115.41
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918044**
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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Brian R Rusignuolo
Mailing Address: 1339 Sconsett Way
City: New Cumberland State: PA Zip Code: 17070
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 3307.72
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983818**
Amount of Each Receipt this Period: 192.31
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Brian R Rusignuolo
Mailing Address: 1339 Sconsett Way
City: New Cumberland State: PA Zip Code: 17070
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 3500.03
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148229**
Amount of Each Receipt this Period: 192.31
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Brian R Rusignuolo
Mailing Address: 1339 Sconsett Way
City: New Cumberland State: PA Zip Code: 17070
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 3692.34
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190522**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Brian R Rusignuolo
Mailing Address: 1339 Sconsett Way
City: New Cumberland | State: PA | Zip Code: 17070
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3884.65
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291943**
Amount of Each Receipt this Period: 192.31
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Brian R Rusignuolo
Mailing Address: 1339 Sconsett Way
City: New Cumberland | State: PA | Zip Code: 17070
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 4076.96
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380187**
Amount of Each Receipt this Period: 192.31
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Brian R Rusignuolo
Mailing Address: 1339 Sconsett Way
City: New Cumberland | State: PA | Zip Code: 17070
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 4269.27
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485415**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Brian R Rusignuolo
Mailing Address: 1339 Sconsett Way
City: New Cumberland
State: PA
Zip Code: 17070
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 4461.58
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605781**
Amount of Each Receipt this Period: 192.31
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Brian R Rusignuolo
Mailing Address: 1339 Sconsett Way
City: New Cumberland
State: PA
Zip Code: 17070
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 4653.89
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677017**
Amount of Each Receipt this Period: 192.31
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Brian R Rusignuolo
Mailing Address: 1339 Sconsett Way
City: New Cumberland
State: PA
Zip Code: 17070
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 4846.20
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828105**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Brian R Rusignuolo

Mailing Address 1339 Sconsett Way

City: New Cumberland
State: PA
Zip Code: 17070

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 5038.51

Date of Receipt: 12 / 31 / 2015
**Transaction ID : A2015-2986351**

Amount of Each Receipt this Period: 192.31

[ ] Memo Item

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

Mailing Address 304 Beechwood Drive

City: Richmond
State: VA
Zip Code: 23229

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1077.02

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378923**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

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

Mailing Address 304 Beechwood Drive

City: Richmond
State: VA
Zip Code: 23229

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.95

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584305**

Amount of Each Receipt this Period: 76.93

[ ] 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)
[X] 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.**
Full Name (Last, First, Middle Initial): Mr. Jeffrey J Ruskan
Mailing Address: 304 Beechwood Drive
City: Richmond State: VA Zip Code: 23229
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1230.88
Date of Receipt: 07 / 31 / 2015
Transaction ID : A2015-1692133
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Jeffrey J Ruskan
Mailing Address: 304 Beechwood Drive
City: Richmond State: VA Zip Code: 23229
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1307.81
Date of Receipt: 08 / 14 / 2015
Transaction ID : A2015-1918045
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Jeffrey J Ruskan
Mailing Address: 304 Beechwood Drive
City: Richmond State: VA Zip Code: 23229
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1384.74
Date of Receipt: 08 / 28 / 2015
Transaction ID : A2015-1983819
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Jeffrey J Ruskan
Mailing Address: 304 Beechwood Drive
City: Richmond State: VA Zip Code: 23229
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1461.67
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148230**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Jeffrey J Ruskan
Mailing Address: 304 Beechwood Drive
City: Richmond State: VA Zip Code: 23229
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1538.60
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190523**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Jeffrey J Ruskan
Mailing Address: 304 Beechwood Drive
City: Richmond State: VA Zip Code: 23229
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1615.53
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291944**
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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Jeffrey J Ruskan
Mailing Address: 304 Beechwood Drive
City: Richmond State: VA Zip Code: 23229
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1692.46
Date of Receipt: M M 10 / D D 23 / Y Y Y Y 2015
**Transaction ID : A2015-2380188**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Jeffrey J Ruskan
Mailing Address: 304 Beechwood Drive
City: Richmond State: VA Zip Code: 23229
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1769.39
Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2015
**Transaction ID : A2015-2485416**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Jeffrey J Ruskan
Mailing Address: 304 Beechwood Drive
City: Richmond State: VA Zip Code: 23229
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1846.32
Date of Receipt: M M 11 / D D 20 / Y Y Y Y 2015
**Transaction ID : A2015-2605782**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Jeffrey J Ruskan
Mailing Address: 304 Beechwood Drive
City: Richmond State: VA Zip Code: 23229
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1923.25
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677018**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Jeffrey J Ruskan
Mailing Address: 304 Beechwood Drive
City: Richmond State: VA Zip Code: 23229
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2000.00
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828106**
Amount of Each Receipt this Period: 76.75
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. John A Saich
Mailing Address: 111 Daisy Lane
City: Palmyra State: PA Zip Code: 17078
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Executive Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 5000.00
Date of Receipt: 10 / 28 / 2015
**Transaction ID : A2015-2381235**
Amount of Each Receipt this Period: 5000.00
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 5153.68

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial): Ms. Beth R Sarfaty
Mailing Address: 34 Wall Street
City: West Long Branch | State: NJ | Zip Code: 07764
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: VP Clinical Svcs & Quality Mgmt (Ex
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.36
Date of Receipt: 07 / 10 / 2015
**Transaction ID : A2015-1464783**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial): Ms. Beth R Sarfaty
Mailing Address: 34 Wall Street
City: West Long Branch | State: NJ | Zip Code: 07764
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: VP Clinical Svcs & Quality Mgmt (Ex
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.60
Date of Receipt: 07 / 24 / 2015
**Transaction ID : A2015-1675692**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial): Ms. Beth R Sarfaty
Mailing Address: 34 Wall Street
City: West Long Branch | State: NJ | Zip Code: 07764
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: VP Clinical Svcs & Quality Mgmt (Ex
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 08 / 07 / 2015
**Transaction ID : A2015-1730225**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial): Ms. Beth R Sarfaty
Mailing Address: 34 Wall Street
City: West Long Branch State: NJ Zip Code: 07764
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: VP Clinical Svcs & Quality Mgmt (Ex
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 327.08
Date of Receipt: 08 / 21 / 2015
**Transaction ID : A2015-1918081**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial): Ms. Beth R Sarfaty
Mailing Address: 34 Wall Street
City: West Long Branch State: NJ Zip Code: 07764
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: VP Clinical Svcs & Quality Mgmt (Ex
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 346.32
Date of Receipt: 09 / 04 / 2015
**Transaction ID : A2015-1983855**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial): Ms. Beth R Sarfaty
Mailing Address: 34 Wall Street
City: West Long Branch State: NJ Zip Code: 07764
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: VP Clinical Svcs & Quality Mgmt (Ex
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 365.56
Date of Receipt: 09 / 18 / 2015
**Transaction ID : A2015-2162681**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Beth R Sarfaty
Mailing Address: 34 Wall Street
City: West Long Branch
State: NJ
Zip Code: 07764
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: VP Clinical Svcs & Quality Mgmt (Ex
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 10 / 02 / 2015
**Transaction ID : A2015-2237195**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Beth R Sarfaty
Mailing Address: 34 Wall Street
City: West Long Branch
State: NJ
Zip Code: 07764
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: VP Clinical Svcs & Quality Mgmt (Ex
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: 10 / 19 / 2015
**Transaction ID : A2015-2358128**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Beth R Sarfaty
Mailing Address: 34 Wall Street
City: West Long Branch
State: NJ
Zip Code: 07764
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: VP Clinical Svcs & Quality Mgmt (Ex
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: 10 / 30 / 2015
**Transaction ID : A2015-2485351**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Beth R Sarfaty
Mailing Address: 34 Wall Street
City: West Long Branch
State: NJ
Zip Code: 07764
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: VP Clinical Svcs & Quality Mgmt (Ex
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 13 / 2015
**Transaction ID : A2015-2605718**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Beth R Sarfaty
Mailing Address: 34 Wall Street
City: West Long Branch
State: NJ
Zip Code: 07764
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: VP Clinical Svcs & Quality Mgmt (Ex
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 480.99
Date of Receipt: 11 / 27 / 2015
**Transaction ID : A2015-2605818**
Amount of Each Receipt this Period: 38.47
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Beth R Sarfaty
Mailing Address: 34 Wall Street
City: West Long Branch
State: NJ
Zip Code: 07764
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: VP Clinical Svcs & Quality Mgmt (Ex
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 519.46
Date of Receipt: 12 / 11 / 2015
**Transaction ID : A2015-2678605**
Amount of Each Receipt this Period: 38.47
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 96.18

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Ms. Beth R Sarfaty

Mailing Address 34 Wall Street

City: West Long Branch
State: NJ
Zip Code: 07764

FEC ID number of contributing federal political committee: C

Name of Employer: Select Medical Corporation
Occupation: VP Clinical Svcs & Quality Mgmt (Ex

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 557.93

Date of Receipt: 12 / 24 / 2015
**Transaction ID : A2015-2986331**

Amount of Each Receipt this Period: 38.47

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Ms. Megan P Schmidt

Mailing Address 16 Lake Village Court

City: Johnson City
State: TN
Zip Code: 37601

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.46

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378924**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Ms. Megan P Schmidt

Mailing Address 16 Lake Village Court

City: Johnson City
State: TN
Zip Code: 37601

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.85

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584306**

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Megan P Schmidt
Mailing Address: 16 Lake Village Court
City: Johnson City
State: TN
Zip Code: 37601
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1846.24
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692134**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Megan P Schmidt
Mailing Address: 16 Lake Village Court
City: Johnson City
State: TN
Zip Code: 37601
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1961.63
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918046**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Megan P Schmidt
Mailing Address: 16 Lake Village Court
City: Johnson City
State: TN
Zip Code: 37601
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2077.02
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983820**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Megan P Schmidt
Mailing Address: 16 Lake Village Court
City: Johnson City
State: TN
Zip Code: 37601
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2192.41
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148231**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Megan P Schmidt
Mailing Address: 16 Lake Village Court
City: Johnson City
State: TN
Zip Code: 37601
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2307.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190524**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Megan P Schmidt
Mailing Address: 16 Lake Village Court
City: Johnson City
State: TN
Zip Code: 37601
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Regional President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2423.19
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291945**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Ms. Megan P Schmidt

Mailing Address 16 Lake Village Court

City: Johnson City
State: TN
Zip Code: 37601

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2538.58

Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380189**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Ms. Megan P Schmidt

Mailing Address 16 Lake Village Court

City: Johnson City
State: TN
Zip Code: 37601

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2653.97

Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485417**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Ms. Megan P Schmidt

Mailing Address 16 Lake Village Court

City: Johnson City
State: TN
Zip Code: 37601

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2769.36

Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605783**

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Ms. Megan P Schmidt

Mailing Address 16 Lake Village Court

City: Johnson City
State: TN
Zip Code: 37601

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2884.75

Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677019**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Ms. Megan P Schmidt

Mailing Address 16 Lake Village Court

City: Johnson City
State: TN
Zip Code: 37601

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828107**

Amount of Each Receipt this Period: 115.25

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Michael G Shannon

Mailing Address 4307 Wellington Drive

City: Cincinnati
State: OH
Zip Code: 45245

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 04 / 2015
**Transaction ID : A2015-2420120**

Amount of Each Receipt this Period: 500.00

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 730.64

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

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mrs. Loretta W Sheffield

Mailing Address 503 North 21st Street

City: Camp Hill
State: PA
Zip Code: 17011

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 08 / 2015
**Transaction ID : A2015-2242373**

Amount of Each Receipt this Period: 500.00

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mrs. Gloria J Skinner

Mailing Address 1685 North 700 West

City: Columbus
State: IN
Zip Code: 47201

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378926**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mrs. Gloria J Skinner

Mailing Address 1685 North 700 West

City: Columbus
State: IN
Zip Code: 47201

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584308**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 538.48

**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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Gloria J Skinner
Mailing Address: 1685 North 700 West
City: Columbus State: IN Zip Code: 47201
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Nursing Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692136**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Gloria J Skinner
Mailing Address: 1685 North 700 West
City: Columbus State: IN Zip Code: 47201
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Nursing Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918048**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Gloria J Skinner
Mailing Address: 1685 North 700 West
City: Columbus State: IN Zip Code: 47201
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Nursing Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983822**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Gloria J Skinner
Mailing Address: 1685 North 700 West
City: Columbus State: IN Zip Code: 47201
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Nursing Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148233**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Gloria J Skinner
Mailing Address: 1685 North 700 West
City: Columbus State: IN Zip Code: 47201
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Nursing Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190526**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Gloria J Skinner
Mailing Address: 1685 North 700 West
City: Columbus State: IN Zip Code: 47201
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Nursing Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 404.04
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291947**
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)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Gloria J Skinner
Mailing Address: 1685 North 700 West
City: Columbus State: IN Zip Code: 47201
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Nursing Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380191**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Gloria J Skinner
Mailing Address: 1685 North 700 West
City: Columbus State: IN Zip Code: 47201
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Nursing Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485419**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Gloria J Skinner
Mailing Address: 1685 North 700 West
City: Columbus State: IN Zip Code: 47201
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Nursing Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605785**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Gloria J Skinner
Mailing Address: 1685 North 700 West
City: Columbus State: IN Zip Code: 47201
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Nursing Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 577.15
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677021**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Gloria J Skinner
Mailing Address: 1685 North 700 West
City: Columbus State: IN Zip Code: 47201
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Nursing Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 692.54
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828109**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Gloria J Skinner
Mailing Address: 1685 North 700 West
City: Columbus State: IN Zip Code: 47201
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Chief Nursing Officer (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 807.93
Date of Receipt: 12 / 31 / 2015
**Transaction ID : A2015-2986352**
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)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Jon C Skinner
Mailing Address: 2524 Matterhorn Ln
City: Flower Mound
State: TX
Zip Code: 75022-7879
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1615.46
Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378925**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Jon C Skinner
Mailing Address: 2524 Matterhorn Ln
City: Flower Mound
State: TX
Zip Code: 75022-7879
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1730.85
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584307**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Jon C Skinner
Mailing Address: 2524 Matterhorn Ln
City: Flower Mound
State: TX
Zip Code: 75022-7879
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1846.24
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692135**
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)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Jon C Skinner
Mailing Address: 2524 Matterhorn Ln
City: Flower Mound
State: TX
Zip Code: 75022-7879
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1961.63
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918047**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Jon C Skinner
Mailing Address: 2524 Matterhorn Ln
City: Flower Mound
State: TX
Zip Code: 75022-7879
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2077.02
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983821**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Jon C Skinner
Mailing Address: 2524 Matterhorn Ln
City: Flower Mound
State: TX
Zip Code: 75022-7879
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2192.41
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148232**
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)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Jon C Skinner
Mailing Address: 2524 Matterhorn Ln
City: Flower Mound
State: TX
Zip Code: 75022-7879
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2307.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190525**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Jon C Skinner
Mailing Address: 2524 Matterhorn Ln
City: Flower Mound
State: TX
Zip Code: 75022-7879
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2423.19
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291946**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Jon C Skinner
Mailing Address: 2524 Matterhorn Ln
City: Flower Mound
State: TX
Zip Code: 75022-7879
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2538.58
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380190**
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)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Jon C Skinner
Mailing Address: 2524 Matterhorn Ln
City: Flower Mound
State: TX
Zip Code: 75022-7879
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2653.97
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485418**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Jon C Skinner
Mailing Address: 2524 Matterhorn Ln
City: Flower Mound
State: TX
Zip Code: 75022-7879
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2769.36
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605784**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Jon C Skinner
Mailing Address: 2524 Matterhorn Ln
City: Flower Mound
State: TX
Zip Code: 75022-7879
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2884.75
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677020**
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)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 2524 Matterhorn Ln

City: Flower Mound
State: TX
Zip Code: 75022-7879

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828108**

Amount of Each Receipt this Period: 115.25

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mrs. Jeanne M Slane

Mailing Address 6537 Caldecott Drive

City: Naples
State: FL
Zip Code: 34113

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378927**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mrs. Jeanne M Slane

Mailing Address 6537 Caldecott Drive

City: Naples
State: FL
Zip Code: 34113

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584309**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 153.73

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Jeanne M Slane
Mailing Address: 6537 Caldecott Drive
City: Naples State: FL Zip Code: 34113
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692137**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Jeanne M Slane
Mailing Address: 6537 Caldecott Drive
City: Naples State: FL Zip Code: 34113
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918049**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Jeanne M Slane
Mailing Address: 6537 Caldecott Drive
City: Naples State: FL Zip Code: 34113
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983823**
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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Jeanne M Slane
Mailing Address: 6537 Caldecott Drive
City: Naples | State: FL | Zip Code: 34113
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148234**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Jeanne M Slane
Mailing Address: 6537 Caldecott Drive
City: Naples | State: FL | Zip Code: 34113
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190527**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Jeanne M Slane
Mailing Address: 6537 Caldecott Drive
City: Naples | State: FL | Zip Code: 34113
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291948**
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)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mrs. Jeanne M Slane

Mailing Address 6537 Caldecott Drive

City: Naples | State: FL | Zip Code: 34113

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 423.28

Date of Receipt: 10 / 23 / 2015

**Transaction ID : A2015-2380192**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mrs. Jeanne M Slane

Mailing Address 6537 Caldecott Drive

City: Naples | State: FL | Zip Code: 34113

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 442.52

Date of Receipt: 11 / 06 / 2015

**Transaction ID : A2015-2485420**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mrs. Jeanne M Slane

Mailing Address 6537 Caldecott Drive

City: Naples | State: FL | Zip Code: 34113

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 461.76

Date of Receipt: 11 / 20 / 2015

**Transaction ID : A2015-2605786**

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mrs. Jeanne M Slane

Mailing Address 6537 Caldecott Drive

City: Naples | State: FL | Zip Code: 34113

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 481.00

Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677022**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mrs. Jeanne M Slane

Mailing Address 6537 Caldecott Drive

City: Naples | State: FL | Zip Code: 34113

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828110**

Amount of Each Receipt this Period: 19.00

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Chad S Smith

Mailing Address 4714 Gettysburg Road

City: Mechanicsburg | State: PA | Zip Code: 00000

FEC ID number of contributing federal political committee: C

Name of Employer: Select Medical Corporation
Occupation: Vice President, Financial Operation

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 22 / 2015
**Transaction ID : A2015-2364709**

Amount of Each Receipt this Period: 500.00

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 538.24

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

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

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Marshall E Smith

Mailing Address P.O. Box 502

City: Saint Michael
State: MN
Zip Code: 55376

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Executive

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M 10 / D D 08 / Y Y Y Y 2015

**Transaction ID : A2015-2242372**

Amount of Each Receipt this Period
500.00

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Nigel D Smith

Mailing Address 9815 Vistadale Dr

City: Dallas
State: TX
Zip Code: 75238-1529

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
269.36

Date of Receipt
M M 07 / D D 03 / Y Y Y Y 2015

**Transaction ID : A2015-2378928**

Amount of Each Receipt this Period
19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Nigel D Smith

Mailing Address 9815 Vistadale Dr

City: Dallas
State: TX
Zip Code: 75238-1529

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
288.60

Date of Receipt
M M 07 / D D 17 / Y Y Y Y 2015

**Transaction ID : A2015-1584310**

Amount of Each Receipt this Period
19.24

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 538.48

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

**A.** Full Name (Last, First, Middle Initial)
Mr. Nigel D Smith

Mailing Address 9815 Vistadale Dr

City: Dallas
State: TX
Zip Code: 75238-1529

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
307.84

Date of Receipt
M M 07 / D D 31 / Y Y Y Y 2015

**Transaction ID : A2015-1692138**

Amount of Each Receipt this Period
19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Nigel D Smith

Mailing Address 9815 Vistadale Dr

City: Dallas
State: TX
Zip Code: 75238-1529

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
327.08

Date of Receipt
M M 08 / D D 14 / Y Y Y Y 2015

**Transaction ID : A2015-1918050**

Amount of Each Receipt this Period
19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Nigel D Smith

Mailing Address 9815 Vistadale Dr

City: Dallas
State: TX
Zip Code: 75238-1529

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
346.32

Date of Receipt
M M 08 / D D 28 / Y Y Y Y 2015

**Transaction ID : A2015-1983824**

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Nigel D Smith
Mailing Address: 9815 Vistadale Dr
City: Dallas
State: TX
Zip Code: 75238-1529
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148235**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Nigel D Smith
Mailing Address: 9815 Vistadale Dr
City: Dallas
State: TX
Zip Code: 75238-1529
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190528**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Nigel D Smith
Mailing Address: 9815 Vistadale Dr
City: Dallas
State: TX
Zip Code: 75238-1529
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291949**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Nigel D Smith
Mailing Address: 9815 Vistadale Dr
City: Dallas
State: TX
Zip Code: 75238-1529
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380193**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Nigel D Smith
Mailing Address: 9815 Vistadale Dr
City: Dallas
State: TX
Zip Code: 75238-1529
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485421**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Nigel D Smith
Mailing Address: 9815 Vistadale Dr
City: Dallas
State: TX
Zip Code: 75238-1529
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605787**
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)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Nigel D Smith
Mailing Address: 9815 Vistadale Dr
City: Dallas State: TX Zip Code: 75238-1529
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 481.00
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677023**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Nigel D Smith
Mailing Address: 9815 Vistadale Dr
City: Dallas State: TX Zip Code: 75238-1529
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828111**
Amount of Each Receipt this Period: 19.00
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Robin R Smith
Mailing Address: 21 Bonnywick Drive
City: Harrisburg State: PA Zip Code: 17111
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.36
Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378929**
Amount of Each Receipt this Period: 19.24
[ ] 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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Robin R Smith
Mailing Address: 21 Bonnywick Drive
City: Harrisburg State: PA Zip Code: 17111
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.60
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584311**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Robin R Smith
Mailing Address: 21 Bonnywick Drive
City: Harrisburg State: PA Zip Code: 17111
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692139**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Robin R Smith
Mailing Address: 21 Bonnywick Drive
City: Harrisburg State: PA Zip Code: 17111
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918051**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Robin R Smith
Mailing Address: 21 Bonnywick Drive
City: Harrisburg State: PA Zip Code: 17111
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983825**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Robin R Smith
Mailing Address: 21 Bonnywick Drive
City: Harrisburg State: PA Zip Code: 17111
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148236**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Robin R Smith
Mailing Address: 21 Bonnywick Drive
City: Harrisburg State: PA Zip Code: 17111
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190529**
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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Robin R Smith
Mailing Address: 21 Bonnywick Drive
City: Harrisburg
State: PA
Zip Code: 17111
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291950**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Robin R Smith
Mailing Address: 21 Bonnywick Drive
City: Harrisburg
State: PA
Zip Code: 17111
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380194**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Robin R Smith
Mailing Address: 21 Bonnywick Drive
City: Harrisburg
State: PA
Zip Code: 17111
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485422**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Robin R Smith
Mailing Address: 21 Bonnywick Drive
City: Harrisburg State: PA Zip Code: 17111
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 461.76
Date of Receipt: 11/20/2015
Transaction ID : A2015-2605788
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Robin R Smith
Mailing Address: 21 Bonnywick Drive
City: Harrisburg State: PA Zip Code: 17111
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 481.00
Date of Receipt: 12/04/2015
Transaction ID : A2015-2677024
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Robin R Smith
Mailing Address: 21 Bonnywick Drive
City: Harrisburg State: PA Zip Code: 17111
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Senior Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12/18/2015
Transaction ID : A2015-2828112
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 634 Blue Ridge Road

City: Pittsburgh
State: PA
Zip Code: 15239

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1077.02

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378930**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

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

Mailing Address 634 Blue Ridge Road

City: Pittsburgh
State: PA
Zip Code: 15239

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.95

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584312**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

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

Mailing Address 634 Blue Ridge Road

City: Pittsburgh
State: PA
Zip Code: 15239

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1230.88

Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692140**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. John J St. Leger
Mailing Address: 634 Blue Ridge Road
City: Pittsburgh
State: PA
Zip Code: 15239
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1307.81
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918052**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. John J St. Leger
Mailing Address: 634 Blue Ridge Road
City: Pittsburgh
State: PA
Zip Code: 15239
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1384.74
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983826**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. John J St. Leger
Mailing Address: 634 Blue Ridge Road
City: Pittsburgh
State: PA
Zip Code: 15239
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1461.67
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148237**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. John J St. Leger
Mailing Address: 634 Blue Ridge Road
City: Pittsburgh
State: PA
Zip Code: 15239
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1538.60
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190530**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. John J St. Leger
Mailing Address: 634 Blue Ridge Road
City: Pittsburgh
State: PA
Zip Code: 15239
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1615.53
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291951**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. John J St. Leger
Mailing Address: 634 Blue Ridge Road
City: Pittsburgh
State: PA
Zip Code: 15239
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1692.46
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380195**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. John J St. Leger
Mailing Address: 634 Blue Ridge Road
City: Pittsburgh
State: PA
Zip Code: 15239
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1769.39
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485423**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. John J St. Leger
Mailing Address: 634 Blue Ridge Road
City: Pittsburgh
State: PA
Zip Code: 15239
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1846.32
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605789**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. John J St. Leger
Mailing Address: 634 Blue Ridge Road
City: Pittsburgh
State: PA
Zip Code: 15239
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1923.25
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677025**
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

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 634 Blue Ridge Road

City: Pittsburgh
State: PA
Zip Code: 15239

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828113**

Amount of Each Receipt this Period: 76.75

[ ] Memo Item

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

Mailing Address 1619 Fox Follow Raod

City: Mechicsburg
State: PA
Zip Code: 17055

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Vice President

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 230.78

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828140**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

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

Mailing Address 1619 Fox Follow Raod

City: Mechicsburg
State: PA
Zip Code: 17055

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Vice President

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 346.17

Date of Receipt: 12 / 31 / 2015
**Transaction ID : A2015-2986362**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 307.53

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Kurt S Streepy

Mailing Address 3128 Mattatha Drive

City: Bloomington
State: IN
Zip Code: 47401

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: M M 07 / D D 03 / Y Y Y Y 2015

**Transaction ID : A2015-2378931**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Kurt S Streepy

Mailing Address 3128 Mattatha Drive

City: Bloomington
State: IN
Zip Code: 47401

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: M M 07 / D D 17 / Y Y Y Y 2015

**Transaction ID : A2015-1584313**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Kurt S Streepy

Mailing Address 3128 Mattatha Drive

City: Bloomington
State: IN
Zip Code: 47401

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: M M 07 / D D 31 / Y Y Y Y 2015

**Transaction ID : A2015-1692141**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Kurt S Streepy
Mailing Address: 3128 Mattatha Drive
City: Bloomington State: IN Zip Code: 47401
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918053**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Kurt S Streepy
Mailing Address: 3128 Mattatha Drive
City: Bloomington State: IN Zip Code: 47401
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983827**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Kurt S Streepy
Mailing Address: 3128 Mattatha Drive
City: Bloomington State: IN Zip Code: 47401
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148238**
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

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Kurt S Streepy
Mailing Address: 3128 Mattatha Drive
City: Bloomington State: IN Zip Code: 47401
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190531**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Kurt S Streepy
Mailing Address: 3128 Mattatha Drive
City: Bloomington State: IN Zip Code: 47401
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 404.04
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291952**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Kurt S Streepy
Mailing Address: 3128 Mattatha Drive
City: Bloomington State: IN Zip Code: 47401
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 423.28
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380196**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Kurt S Streepy
Mailing Address: 3128 Mattatha Drive
City: Bloomington State: IN Zip Code: 47401
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485424**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Kurt S Streepy
Mailing Address: 3128 Mattatha Drive
City: Bloomington State: IN Zip Code: 47401
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605790**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Kurt S Streepy
Mailing Address: 3128 Mattatha Drive
City: Bloomington State: IN Zip Code: 47401
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 481.00
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677026**
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

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Kurt S Streepy

Mailing Address 3128 Mattatha Drive

City: Bloomington
State: IN
Zip Code: 47401

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 18 / 2015

**Transaction ID : A2015-2828114**

Amount of Each Receipt this Period: 19.00

[ ] Memo Item

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

Mailing Address 2835 Elm Tree Park

City: San Antonio
State: TX
Zip Code: 78259

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 07 / 03 / 2015

**Transaction ID : A2015-2378932**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 2835 Elm Tree Park

City: San Antonio
State: TX
Zip Code: 78259

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 07 / 17 / 2015

**Transaction ID : A2015-1584314**

Amount of Each Receipt this Period: 19.24

[ ] 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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Sean A Stricker
Mailing Address: 2835 Elm Tree Park
City: San Antonio State: TX Zip Code: 78259
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 307.84
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692142**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Sean A Stricker
Mailing Address: 2835 Elm Tree Park
City: San Antonio State: TX Zip Code: 78259
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918054**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Sean A Stricker
Mailing Address: 2835 Elm Tree Park
City: San Antonio State: TX Zip Code: 78259
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983828**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Sean A Stricker
Mailing Address: 2835 Elm Tree Park
City: San Antonio State: TX Zip Code: 78259
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148239**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Sean A Stricker
Mailing Address: 2835 Elm Tree Park
City: San Antonio State: TX Zip Code: 78259
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190532**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Sean A Stricker
Mailing Address: 2835 Elm Tree Park
City: San Antonio State: TX Zip Code: 78259
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 404.04
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291953**
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)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 2835 Elm Tree Park

City: San Antonio State: TX Zip Code: 78259

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 423.28

Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380197**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 2835 Elm Tree Park

City: San Antonio State: TX Zip Code: 78259

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 442.52

Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485425**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 2835 Elm Tree Park

City: San Antonio State: TX Zip Code: 78259

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 461.76

Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605791**

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

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

Mailing Address 2835 Elm Tree Park

City: San Antonio | State: TX | Zip Code: 78259

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 481.00

Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677027**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 2835 Elm Tree Park

City: San Antonio | State: TX | Zip Code: 78259

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828115**

Amount of Each Receipt this Period: 19.00

[ ] Memo Item

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

Mailing Address 1104 OakTree Drive

City: Edmond | State: OK | Zip Code: 73025

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378933**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 57.48

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

# SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 1104 OakTree Drive

City: Edmond
State: OK
Zip Code: 73025

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584315**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 1104 OakTree Drive

City: Edmond
State: OK
Zip Code: 73025

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692143**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 1104 OakTree Drive

City: Edmond
State: OK
Zip Code: 73025

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918055**

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

**A.**
Full Name (Last, First, Middle Initial): Ms. Connie L Strickland
Mailing Address: 1104 OakTree Drive
City: Edmond State: OK Zip Code: 73025
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983829**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Connie L Strickland
Mailing Address: 1104 OakTree Drive
City: Edmond State: OK Zip Code: 73025
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148240**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Connie L Strickland
Mailing Address: 1104 OakTree Drive
City: Edmond State: OK Zip Code: 73025
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190533**
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)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 1104 OakTree Drive

City: Edmond
State: OK
Zip Code: 73025

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 404.04

Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291954**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 1104 OakTree Drive

City: Edmond
State: OK
Zip Code: 73025

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 423.28

Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380198**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 1104 OakTree Drive

City: Edmond
State: OK
Zip Code: 73025

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 442.52

Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485426**

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

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

Mailing Address 1104 OakTree Drive

City: Edmond | State: OK | Zip Code: 73025

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 461.76

Date of Receipt: M 11 / D 20 / Y 2015

**Transaction ID : A2015-2605792**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 1104 OakTree Drive

City: Edmond | State: OK | Zip Code: 73025

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 481.00

Date of Receipt: M 12 / D 04 / Y 2015

**Transaction ID : A2015-2677028**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 1104 OakTree Drive

City: Edmond | State: OK | Zip Code: 73025

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M 12 / D 18 / Y 2015

**Transaction ID : A2015-2828116**

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

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

Mailing Address 115 E. Willow Drive

City: Zanesville
State: OH
Zip Code: 43701

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378934**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 115 E. Willow Drive

City: Zanesville
State: OH
Zip Code: 43701

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584316**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 115 E. Willow Drive

City: Zanesville
State: OH
Zip Code: 43701

FEC ID number of contributing federal political committee: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692144**

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

**A.**
Full Name (Last, First, Middle Initial): Mrs. Linda K Supplee
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City: Zanesville State: OH Zip Code: 43701
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: M M 08 / D D 14 / Y Y Y Y 2015
**Transaction ID : A2015-1918056**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Linda K Supplee
Mailing Address: 115 E. Willow Drive
City: Zanesville State: OH Zip Code: 43701
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: M M 08 / D D 28 / Y Y Y Y 2015
**Transaction ID : A2015-1983830**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Linda K Supplee
Mailing Address: 115 E. Willow Drive
City: Zanesville State: OH Zip Code: 43701
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2015
**Transaction ID : A2015-2148241**
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)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Linda K Supplee
Mailing Address: 115 E. Willow Drive
City: Zanesville State: OH Zip Code: 43701
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190534**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Linda K Supplee
Mailing Address: 115 E. Willow Drive
City: Zanesville State: OH Zip Code: 43701
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 404.04
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291955**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Linda K Supplee
Mailing Address: 115 E. Willow Drive
City: Zanesville State: OH Zip Code: 43701
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 423.28
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380199**
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)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
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Mailing Address: 115 E. Willow Drive
City: Zanesville State: OH Zip Code: 43701
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485427**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Linda K Supplee
Mailing Address: 115 E. Willow Drive
City: Zanesville State: OH Zip Code: 43701
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605793**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Linda K Supplee
Mailing Address: 115 E. Willow Drive
City: Zanesville State: OH Zip Code: 43701
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 481.00
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677029**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial): Mrs. Linda K Supplee
Mailing Address: 115 E. Willow Drive
City: Zanesville State: OH Zip Code: 43701
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12/18/2015
Transaction ID : A2015-2828117
Amount of Each Receipt this Period: 19.00
[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial): Mr. Michael E Tarvin
Mailing Address: 117 Willow Lake Drive
City: Carlisle State: PA Zip Code: 17015-9164
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Executive Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 10/28/2015
Transaction ID : A2015-2381238
Amount of Each Receipt this Period: 5000.00
[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial): Mr. Thomas N Theroult
Mailing Address: 10240 Madison
City: Omaha State: NE Zip Code: 68127
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1615.46
Date of Receipt: 07/03/2015
Transaction ID : A2015-2378935
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 5134.39

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Thomas N Theroult
Mailing Address: 10240 Madison
City: Omaha State: NE Zip Code: 68127
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1730.85
Date of Receipt: 07 / 17 / 2015
Transaction ID : A2015-1584317
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Thomas N Theroult
Mailing Address: 10240 Madison
City: Omaha State: NE Zip Code: 68127
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1846.24
Date of Receipt: 07 / 31 / 2015
Transaction ID : A2015-1692145
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Thomas N Theroult
Mailing Address: 10240 Madison
City: Omaha State: NE Zip Code: 68127
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1961.63
Date of Receipt: 08 / 14 / 2015
Transaction ID : A2015-1918057
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Thomas N Theroult

Mailing Address 10240 Madison

City: Omaha
State: NE
Zip Code: 68127

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2077.02

Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983831**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Thomas N Theroult

Mailing Address 10240 Madison

City: Omaha
State: NE
Zip Code: 68127

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2192.41

Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148242**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

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

Mailing Address 10240 Madison

City: Omaha
State: NE
Zip Code: 68127

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2307.80

Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190535**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Thomas N Theroult
Mailing Address: 10240 Madison
City: Omaha State: NE Zip Code: 68127
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2423.19
Date of Receipt: 10 / 09 / 2015
Transaction ID : A2015-2291956
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Thomas N Theroult
Mailing Address: 10240 Madison
City: Omaha State: NE Zip Code: 68127
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2538.58
Date of Receipt: 10 / 23 / 2015
Transaction ID : A2015-2380200
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Thomas N Theroult
Mailing Address: 10240 Madison
City: Omaha State: NE Zip Code: 68127
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2653.97
Date of Receipt: 11 / 06 / 2015
Transaction ID : A2015-2485428
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Thomas N Theroult

Mailing Address 10240 Madison

City: Omaha
State: NE
Zip Code: 68127

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2769.36

Date of Receipt: 11 / 20 / 2015

**Transaction ID : A2015-2605794**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Thomas N Theroult

Mailing Address 10240 Madison

City: Omaha
State: NE
Zip Code: 68127

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2884.75

Date of Receipt: 12 / 04 / 2015

**Transaction ID : A2015-2677030**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

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

Mailing Address 10240 Madison

City: Omaha
State: NE
Zip Code: 68127

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 12 / 18 / 2015

**Transaction ID : A2015-2828118**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Jeffrey D Thompson

Mailing Address 6840 N. Park Dr.

City: North Richland Hills
State: TX
Zip Code: 76182

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: M M 07 / D D 03 / Y Y Y Y 2015

**Transaction ID : A2015-2378936**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Jeffrey D Thompson

Mailing Address 6840 N. Park Dr.

City: North Richland Hills
State: TX
Zip Code: 76182

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: M M 07 / D D 17 / Y Y Y Y 2015

**Transaction ID : A2015-1584318**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Jeffrey D Thompson

Mailing Address 6840 N. Park Dr.

City: North Richland Hills
State: TX
Zip Code: 76182

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: M M 07 / D D 31 / Y Y Y Y 2015

**Transaction ID : A2015-1692146**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Jeffrey D Thompson

Mailing Address 6840 N. Park Dr.

City: North Richland Hills
State: TX
Zip Code: 76182

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918058**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Jeffrey D Thompson

Mailing Address 6840 N. Park Dr.

City: North Richland Hills
State: TX
Zip Code: 76182

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983832**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Jeffrey D Thompson

Mailing Address 6840 N. Park Dr.

City: North Richland Hills
State: TX
Zip Code: 76182

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148243**

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

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Jeffrey D Thompson

Mailing Address 6840 N. Park Dr.

City: North Richland Hills
State: TX
Zip Code: 76182

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 384.80

Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190536**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Jeffrey D Thompson

Mailing Address 6840 N. Park Dr.

City: North Richland Hills
State: TX
Zip Code: 76182

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 404.04

Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291957**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Jeffrey D Thompson

Mailing Address 6840 N. Park Dr.

City: North Richland Hills
State: TX
Zip Code: 76182

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 423.28

Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380201**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Jeffrey D Thompson

Mailing Address 6840 N. Park Dr.

City: North Richland Hills
State: TX
Zip Code: 76182

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 442.52

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2015

**Transaction ID : A2015-2485429**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Jeffrey D Thompson

Mailing Address 6840 N. Park Dr.

City: North Richland Hills
State: TX
Zip Code: 76182

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 461.76

Date of Receipt: M M 11 / D D 20 / Y Y Y Y 2015

**Transaction ID : A2015-2605795**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Jeffrey D Thompson

Mailing Address 6840 N. Park Dr.

City: North Richland Hills
State: TX
Zip Code: 76182

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 481.00

Date of Receipt: M M 12 / D D 04 / Y Y Y Y 2015

**Transaction ID : A2015-2677031**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Jeffrey D Thompson

Mailing Address 6840 N. Park Dr.

City: North Richland Hills
State: TX
Zip Code: 76182

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2015

**Transaction ID : A2015-2828119**

Amount of Each Receipt this Period: 19.00

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Ms. Linda M Tiemens

Mailing Address 1558 South Fern Place

City: Broken Arrow
State: OK
Zip Code: 74012

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 327.05

Date of Receipt: M M 07 / D D 03 / Y Y Y Y 2015

**Transaction ID : A2015-2378937**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Ms. Linda M Tiemens

Mailing Address 1558 South Fern Place

City: Broken Arrow
State: OK
Zip Code: 74012

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 346.29

Date of Receipt: M M 07 / D D 17 / Y Y Y Y 2015

**Transaction ID : A2015-1584319**

Amount of Each Receipt this Period: 19.24

[ ] 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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Linda M Tiemens
Mailing Address: 1558 South Fern Place
City: Broken Arrow
State: OK
Zip Code: 74012
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.53
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692147**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Linda M Tiemens
Mailing Address: 1558 South Fern Place
City: Broken Arrow
State: OK
Zip Code: 74012
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.77
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918059**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Linda M Tiemens
Mailing Address: 1558 South Fern Place
City: Broken Arrow
State: OK
Zip Code: 74012
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.01
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983833**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Linda M Tiemens
Mailing Address: 1558 South Fern Place
City: Broken Arrow State: OK Zip Code: 74012
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 423.25
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148244**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Linda M Tiemens
Mailing Address: 1558 South Fern Place
City: Broken Arrow State: OK Zip Code: 74012
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 442.49
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190537**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Linda M Tiemens
Mailing Address: 1558 South Fern Place
City: Broken Arrow State: OK Zip Code: 74012
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 461.73
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291958**
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)
[X] 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.**
Full Name (Last, First, Middle Initial): Ms. Linda M Tiemens
Mailing Address: 1558 South Fern Place
City: Broken Arrow State: OK Zip Code: 74012
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 480.97
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380202**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Linda M Tiemens
Mailing Address: 1558 South Fern Place
City: Broken Arrow State: OK Zip Code: 74012
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 500.21
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485430**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Linda M Tiemens
Mailing Address: 1558 South Fern Place
City: Broken Arrow State: OK Zip Code: 74012
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 519.45
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605796**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Linda M Tiemens
Mailing Address: 1558 South Fern Place
City: Broken Arrow State: OK Zip Code: 74012
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 538.69
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677032**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Linda M Tiemens
Mailing Address: 1558 South Fern Place
City: Broken Arrow State: OK Zip Code: 74012
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 557.93
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828120**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Linda M Tiemens
Mailing Address: 1558 South Fern Place
City: Broken Arrow State: OK Zip Code: 74012
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 576.93
Date of Receipt: 12 / 31 / 2015
**Transaction ID : A2015-2986353**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Patrick W Tuer
Mailing Address: 4321 Fir Street
City: East Chicago | State: IN | Zip Code: 46312
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.78
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828138**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Patrick W Tuer
Mailing Address: 4321 Fir Street
City: East Chicago | State: IN | Zip Code: 46312
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: CEO/Administrator (Ex) - 001
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.17
Date of Receipt: 12 / 31 / 2015
**Transaction ID : A2015-2986360**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Remko van der Voordt
Mailing Address: 253 Lafayette St Unit A
City: Salem | State: MA | Zip Code: 01970
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Regional Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.36
Date of Receipt: 07 / 02 / 2015
**Transaction ID : A2015-2379050**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Remko van der Voordt
Mailing Address: 253 Lafayette St Unit A
City: Salem
State: MA
Zip Code: 01970
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Regional Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.60
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584320**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Remko van der Voordt
Mailing Address: 253 Lafayette St Unit A
City: Salem
State: MA
Zip Code: 01970
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Regional Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692148**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Remko van der Voordt
Mailing Address: 253 Lafayette St Unit A
City: Salem
State: MA
Zip Code: 01970
FEC ID number of contributing federal political committee.: C
Name of Employer: Select Medical Corporation
Occupation: Regional Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918060**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 253 Lafayette St Unit A

City: Salem
State: MA
Zip Code: 01970

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
346.32

Date of Receipt
M M 08 / D D 28 / Y Y Y Y 2015

**Transaction ID : A2015-1983834**

Amount of Each Receipt this Period
19.24

[ ] Memo Item

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

Mailing Address 253 Lafayette St Unit A

City: Salem
State: MA
Zip Code: 01970

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
365.56

Date of Receipt
M M 09 / D D 11 / Y Y Y Y 2015

**Transaction ID : A2015-2148245**

Amount of Each Receipt this Period
19.24

[ ] Memo Item

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

Mailing Address 18 Richard Road

City: East Brunswick
State: NJ
Zip Code: 08816

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
269.36

Date of Receipt
M M 07 / D D 03 / Y Y Y Y 2015

**Transaction ID : A2015-2378938**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial): Loran Vocaturo
Mailing Address: 18 Richard Road
City: East Brunswick State: NJ Zip Code: 08816
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.60
Date of Receipt: 07 / 17 / 2015
Transaction ID : A2015-1584321
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial): Loran Vocaturo
Mailing Address: 18 Richard Road
City: East Brunswick State: NJ Zip Code: 08816
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 07 / 31 / 2015
Transaction ID : A2015-1692149
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial): Loran Vocaturo
Mailing Address: 18 Richard Road
City: East Brunswick State: NJ Zip Code: 08816
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 14 / 2015
Transaction ID : A2015-1918061
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial): Loran Vocaturo
Mailing Address: 18 Richard Road
City: East Brunswick State: NJ Zip Code: 08816
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.32
Date of Receipt: 08/28/2015
Transaction ID : A2015-1983835
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial): Loran Vocaturo
Mailing Address: 18 Richard Road
City: East Brunswick State: NJ Zip Code: 08816
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.56
Date of Receipt: 09/11/2015
Transaction ID : A2015-2148246
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial): Loran Vocaturo
Mailing Address: 18 Richard Road
City: East Brunswick State: NJ Zip Code: 08816
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.80
Date of Receipt: 09/25/2015
Transaction ID : A2015-2190538
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 18 Richard Road

City: East Brunswick
State: NJ
Zip Code: 08816

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 404.04

Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291959**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 18 Richard Road

City: East Brunswick
State: NJ
Zip Code: 08816

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 423.28

Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380203**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 18 Richard Road

City: East Brunswick
State: NJ
Zip Code: 08816

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 442.52

Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485431**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial): Loran Vocaturo
Mailing Address: 18 Richard Road
City: East Brunswick State: NJ Zip Code: 08816
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605797**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial): Loran Vocaturo
Mailing Address: 18 Richard Road
City: East Brunswick State: NJ Zip Code: 08816
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 481.00
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677033**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial): Loran Vocaturo
Mailing Address: 18 Richard Road
City: East Brunswick State: NJ Zip Code: 08816
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828121**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Timothy C Wadman
Mailing Address: 204 Babbling Brook Drive
City: Saint Charles State: MO Zip Code: 63303
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1077.02
Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378939**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Timothy C Wadman
Mailing Address: 204 Babbling Brook Drive
City: Saint Charles State: MO Zip Code: 63303
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1153.95
Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584322**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Timothy C Wadman
Mailing Address: 204 Babbling Brook Drive
City: Saint Charles State: MO Zip Code: 63303
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1230.88
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692150**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Timothy C Wadman
Mailing Address: 204 Babbling Brook Drive
City: Saint Charles State: MO Zip Code: 63303
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1307.81
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918062**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Timothy C Wadman
Mailing Address: 204 Babbling Brook Drive
City: Saint Charles State: MO Zip Code: 63303
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1384.74
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983836**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Timothy C Wadman
Mailing Address: 204 Babbling Brook Drive
City: Saint Charles State: MO Zip Code: 63303
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1461.67
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148247**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 204 Babbling Brook Drive

City: Saint Charles
State: MO
Zip Code: 63303

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
1538.60

Date of Receipt
M M 09 / D D 25 / Y Y Y Y 2015

**Transaction ID : A2015-2190539**

Amount of Each Receipt this Period
76.93

[ ] Memo Item

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

Mailing Address 204 Babbling Brook Drive

City: Saint Charles
State: MO
Zip Code: 63303

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
1615.53

Date of Receipt
M M 10 / D D 09 / Y Y Y Y 2015

**Transaction ID : A2015-2291960**

Amount of Each Receipt this Period
76.93

[ ] Memo Item

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

Mailing Address 204 Babbling Brook Drive

City: Saint Charles
State: MO
Zip Code: 63303

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
1692.46

Date of Receipt
M M 10 / D D 23 / Y Y Y Y 2015

**Transaction ID : A2015-2380204**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 204 Babbling Brook Drive

City: Saint Charles
State: MO
Zip Code: 63303

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
1769.39

Date of Receipt
M M 11 / D D 06 / Y Y Y Y 2015

**Transaction ID : A2015-2485432**

Amount of Each Receipt this Period
76.93

[ ] Memo Item

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

Mailing Address 204 Babbling Brook Drive

City: Saint Charles
State: MO
Zip Code: 63303

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
1846.32

Date of Receipt
M M 11 / D D 20 / Y Y Y Y 2015

**Transaction ID : A2015-2605798**

Amount of Each Receipt this Period
76.93

[ ] Memo Item

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

Mailing Address 204 Babbling Brook Drive

City: Saint Charles
State: MO
Zip Code: 63303

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
1923.25

Date of Receipt
M M 12 / D D 04 / Y Y Y Y 2015

**Transaction ID : A2015-2677034**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 204 Babbling Brook Drive

City: Saint Charles
State: MO
Zip Code: 63303

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2015

**Transaction ID : A2015-2828122**

Amount of Each Receipt this Period: 76.75

[ ] Memo Item

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

Mailing Address 5707 TPC Parkway Apt 1626

City: San Antonio
State: TX
Zip Code: 78261

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: M M 07 / D D 03 / Y Y Y Y 2015

**Transaction ID : A2015-2378940**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 5707 TPC Parkway Apt 1626

City: San Antonio
State: TX
Zip Code: 78261

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: M M 07 / D D 17 / Y Y Y Y 2015

**Transaction ID : A2015-1584323**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 115.23

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

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

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 5707 TPC Parkway Apt 1626

City: San Antonio
State: TX
Zip Code: 78261

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 07 / 31 / 2015

**Transaction ID : A2015-1692151**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

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

Mailing Address 5707 TPC Parkway Apt 1626

City: San Antonio
State: TX
Zip Code: 78261

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 14 / 2015

**Transaction ID : A2015-1918063**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Robert S Ward

Mailing Address 5707 TPC Parkway Apt 1626

City: San Antonio
State: TX
Zip Code: 78261

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 08 / 28 / 2015

**Transaction ID : A2015-1983837**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Robert S Ward
Mailing Address: 5707 TPC Parkway Apt 1626
City: San Antonio
State: TX
Zip Code: 78261
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148248**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Robert S Ward
Mailing Address: 5707 TPC Parkway Apt 1626
City: San Antonio
State: TX
Zip Code: 78261
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190540**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Robert S Ward
Mailing Address: 5707 TPC Parkway Apt 1626
City: San Antonio
State: TX
Zip Code: 78261
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291961**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Robert S Ward
Mailing Address: 5707 TPC Parkway Apt 1626
City: San Antonio
State: TX
Zip Code: 78261
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380205**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Robert S Ward
Mailing Address: 5707 TPC Parkway Apt 1626
City: San Antonio
State: TX
Zip Code: 78261
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485433**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Robert S Ward
Mailing Address: 5707 TPC Parkway Apt 1626
City: San Antonio
State: TX
Zip Code: 78261
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605799**
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

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Robert S Ward

Mailing Address 5707 TPC Parkway Apt 1626

City: San Antonio
State: TX
Zip Code: 78261

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 481.00

Date of Receipt: 12 / 04 / 2015

**Transaction ID : A2015-2677035**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Robert S Ward

Mailing Address 5707 TPC Parkway Apt 1626

City: San Antonio
State: TX
Zip Code: 78261

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 18 / 2015

**Transaction ID : A2015-2828123**

Amount of Each Receipt this Period: 19.00

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Randall K Watts

Mailing Address 200 Pleasant View Drive

City: Etters
State: PA
Zip Code: 17319

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 07 / 03 / 2015

**Transaction ID : A2015-2378941**

Amount of Each Receipt this Period: 19.24

[ ] 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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Randall K Watts

Mailing Address 200 Pleasant View Drive

City: Etters | State: PA | Zip Code: 17319

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584324**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Randall K Watts

Mailing Address 200 Pleasant View Drive

City: Etters | State: PA | Zip Code: 17319

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692152**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Randall K Watts

Mailing Address 200 Pleasant View Drive

City: Etters | State: PA | Zip Code: 17319

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918064**

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial): Mr. Randall K Watts
Mailing Address: 200 Pleasant View Drive
City: Etters State: PA Zip Code: 17319
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.32
Date of Receipt: 08 / 28 / 2015
Transaction ID : A2015-1983838
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial): Mr. Randall K Watts
Mailing Address: 200 Pleasant View Drive
City: Etters State: PA Zip Code: 17319
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.56
Date of Receipt: 09 / 11 / 2015
Transaction ID : A2015-2148249
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial): Mr. Randall K Watts
Mailing Address: 200 Pleasant View Drive
City: Etters State: PA Zip Code: 17319
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.80
Date of Receipt: 09 / 25 / 2015
Transaction ID : A2015-2190541
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Randall K Watts

Mailing Address 200 Pleasant View Drive

City: Etters | State: PA | Zip Code: 17319

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 404.04

Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291962**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Randall K Watts

Mailing Address 200 Pleasant View Drive

City: Etters | State: PA | Zip Code: 17319

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 423.28

Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380206**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Randall K Watts

Mailing Address 200 Pleasant View Drive

City: Etters | State: PA | Zip Code: 17319

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 442.52

Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485434**

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Randall K Watts

Mailing Address 200 Pleasant View Drive

City: Etters | State: PA | Zip Code: 17319

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 461.76

Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605800**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Randall K Watts

Mailing Address 200 Pleasant View Drive

City: Etters | State: PA | Zip Code: 17319

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 481.00

Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677036**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Randall K Watts

Mailing Address 200 Pleasant View Drive

City: Etters | State: PA | Zip Code: 17319

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828124**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Frank J Weber

Mailing Address 456 Sorrel Lane

City: Milton
State: WV
Zip Code: 25541

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1077.02

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378942**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Frank J Weber

Mailing Address 456 Sorrel Lane

City: Milton
State: WV
Zip Code: 25541

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.95

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584325**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Frank J Weber

Mailing Address 456 Sorrel Lane

City: Milton
State: WV
Zip Code: 25541

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1230.88

Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692153**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Frank J Weber

Mailing Address 456 Sorrel Lane

City: Milton
State: WV
Zip Code: 25541

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1307.81

Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918065**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Frank J Weber

Mailing Address 456 Sorrel Lane

City: Milton
State: WV
Zip Code: 25541

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1384.74

Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983839**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Frank J Weber

Mailing Address 456 Sorrel Lane

City: Milton
State: WV
Zip Code: 25541

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1461.67

Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148250**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Frank J Weber

Mailing Address 456 Sorrel Lane

City: Milton
State: WV
Zip Code: 25541

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1538.60

Date of Receipt: 09 / 25 / 2015

**Transaction ID : A2015-2190542**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Frank J Weber

Mailing Address 456 Sorrel Lane

City: Milton
State: WV
Zip Code: 25541

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.53

Date of Receipt: 10 / 09 / 2015

**Transaction ID : A2015-2291963**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Frank J Weber

Mailing Address 456 Sorrel Lane

City: Milton
State: WV
Zip Code: 25541

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1692.46

Date of Receipt: 10 / 23 / 2015

**Transaction ID : A2015-2380207**

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Frank J Weber

Mailing Address 456 Sorrel Lane

City: Milton
State: WV
Zip Code: 25541

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1769.39

Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485435**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Frank J Weber

Mailing Address 456 Sorrel Lane

City: Milton
State: WV
Zip Code: 25541

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1846.32

Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605801**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Frank J Weber

Mailing Address 456 Sorrel Lane

City: Milton
State: WV
Zip Code: 25541

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1923.25

Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677037**

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Frank J Weber

Mailing Address 456 Sorrel Lane

City: Milton
State: WV
Zip Code: 25541

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828125**

Amount of Each Receipt this Period: 76.75

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mrs. Andrea F White

Mailing Address 1817 Jacobs Lane

City: Vestavia Hills
State: AL
Zip Code: 35216

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378943**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mrs. Andrea F White

Mailing Address 1817 Jacobs Lane

City: Vestavia Hills
State: AL
Zip Code: 35216

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584326**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 115.23

**TOTAL** This Period (last page this line number only) ▶

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Andrea F White
Mailing Address: 1817 Jacobs Lane
City: Vestavia Hills
State: AL
Zip Code: 35216
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692154**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Andrea F White
Mailing Address: 1817 Jacobs Lane
City: Vestavia Hills
State: AL
Zip Code: 35216
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918066**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Andrea F White
Mailing Address: 1817 Jacobs Lane
City: Vestavia Hills
State: AL
Zip Code: 35216
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.32
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983840**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Andrea F White
Mailing Address: 1817 Jacobs Lane
City: Vestavia Hills
State: AL
Zip Code: 35216
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148251**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Andrea F White
Mailing Address: 1817 Jacobs Lane
City: Vestavia Hills
State: AL
Zip Code: 35216
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190543**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Andrea F White
Mailing Address: 1817 Jacobs Lane
City: Vestavia Hills
State: AL
Zip Code: 35216
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 404.04
Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291964**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mrs. Andrea F White
Mailing Address: 1817 Jacobs Lane
City: Vestavia Hills
State: AL
Zip Code: 35216
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.28
Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380208**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mrs. Andrea F White
Mailing Address: 1817 Jacobs Lane
City: Vestavia Hills
State: AL
Zip Code: 35216
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485436**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mrs. Andrea F White
Mailing Address: 1817 Jacobs Lane
City: Vestavia Hills
State: AL
Zip Code: 35216
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605802**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial): Mrs. Andrea F White
Mailing Address: 1817 Jacobs Lane
City: Vestavia Hills State: AL Zip Code: 35216
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 481.00
Date of Receipt: 12/04/2015
**Transaction ID : A2015-2677038**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial): Mrs. Andrea F White
Mailing Address: 1817 Jacobs Lane
City: Vestavia Hills State: AL Zip Code: 35216
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 12/18/2015
**Transaction ID : A2015-2828126**
Amount of Each Receipt this Period: 19.00
[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial): Mr. Brian J Williams
Mailing Address: 9670 Rod Road
City: Alpharetta State: GA Zip Code: 30022
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1615.46
Date of Receipt: 07/03/2015
**Transaction ID : A2015-2378944**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 153.63

**TOTAL** This Period (last page this line number only) ▶

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Brian J Williams

Mailing Address 9670 Rod Road

City: Alpharetta
State: GA
Zip Code: 30022

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.85

Date of Receipt: 07 / 17 / 2015

**Transaction ID : A2015-1584327**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Brian J Williams

Mailing Address 9670 Rod Road

City: Alpharetta
State: GA
Zip Code: 30022

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1846.24

Date of Receipt: 07 / 31 / 2015

**Transaction ID : A2015-1692155**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Brian J Williams

Mailing Address 9670 Rod Road

City: Alpharetta
State: GA
Zip Code: 30022

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1961.63

Date of Receipt: 08 / 14 / 2015

**Transaction ID : A2015-1918067**

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Brian J Williams
Mailing Address: 9670 Rod Road
City: Alpharetta State: GA Zip Code: 30022
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2077.02
Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983841**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Brian J Williams
Mailing Address: 9670 Rod Road
City: Alpharetta State: GA Zip Code: 30022
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2192.41
Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148252**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Brian J Williams
Mailing Address: 9670 Rod Road
City: Alpharetta State: GA Zip Code: 30022
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2307.80
Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190544**
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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Mr. Brian J Williams
Mailing Address: 9670 Rod Road
City: Alpharetta State: GA Zip Code: 30022
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2423.19
Date of Receipt: M M 10 / D D 09 / Y Y Y Y 2015
**Transaction ID : A2015-2291965**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Brian J Williams
Mailing Address: 9670 Rod Road
City: Alpharetta State: GA Zip Code: 30022
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2538.58
Date of Receipt: M M 10 / D D 23 / Y Y Y Y 2015
**Transaction ID : A2015-2380209**
Amount of Each Receipt this Period: 115.39
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Brian J Williams
Mailing Address: 9670 Rod Road
City: Alpharetta State: GA Zip Code: 30022
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2653.97
Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2015
**Transaction ID : A2015-2485437**
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Brian J Williams

Mailing Address 9670 Rod Road

City: Alpharetta
State: GA
Zip Code: 30022

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2769.36

Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605803**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Brian J Williams

Mailing Address 9670 Rod Road

City: Alpharetta
State: GA
Zip Code: 30022

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2884.75

Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677039**

Amount of Each Receipt this Period: 115.39

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Brian J Williams

Mailing Address 9670 Rod Road

City: Alpharetta
State: GA
Zip Code: 30022

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Vice President (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828127**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Eric A Yap

Mailing Address 6082 Castlebury Boulevard

City: Hilliard
State: OH
Zip Code: 43026

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 07 / 03 / 2015
**Transaction ID : A2015-2378945**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Eric A Yap

Mailing Address 6082 Castlebury Boulevard

City: Hilliard
State: OH
Zip Code: 43026

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 07 / 17 / 2015
**Transaction ID : A2015-1584328**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Eric A Yap

Mailing Address 6082 Castlebury Boulevard

City: Hilliard
State: OH
Zip Code: 43026

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 07 / 31 / 2015
**Transaction ID : A2015-1692156**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Eric A Yap

Mailing Address 6082 Castlebury Boulevard

City: Hilliard
State: OH
Zip Code: 43026

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 14 / 2015
**Transaction ID : A2015-1918068**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Eric A Yap

Mailing Address 6082 Castlebury Boulevard

City: Hilliard
State: OH
Zip Code: 43026

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 08 / 28 / 2015
**Transaction ID : A2015-1983842**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Eric A Yap

Mailing Address 6082 Castlebury Boulevard

City: Hilliard
State: OH
Zip Code: 43026

FEC ID number of contributing federal political committee.: C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 11 / 2015
**Transaction ID : A2015-2148253**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Eric A Yap

Mailing Address 6082 Castlebury Boulevard

City: Hilliard | State: OH | Zip Code: 43026

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 384.80

Date of Receipt: 09 / 25 / 2015
**Transaction ID : A2015-2190545**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Mr. Eric A Yap

Mailing Address 6082 Castlebury Boulevard

City: Hilliard | State: OH | Zip Code: 43026

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 404.04

Date of Receipt: 10 / 09 / 2015
**Transaction ID : A2015-2291966**

Amount of Each Receipt this Period: 19.24

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Mr. Eric A Yap

Mailing Address 6082 Castlebury Boulevard

City: Hilliard | State: OH | Zip Code: 43026

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 423.28

Date of Receipt: 10 / 23 / 2015
**Transaction ID : A2015-2380210**

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)
[X] 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.**
Full Name (Last, First, Middle Initial): Mr. Eric A Yap
Mailing Address: 6082 Castlebury Boulevard
City: Hilliard State: OH Zip Code: 43026
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.52
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485438**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Mr. Eric A Yap
Mailing Address: 6082 Castlebury Boulevard
City: Hilliard State: OH Zip Code: 43026
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.76
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605804**
Amount of Each Receipt this Period: 19.24
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Mr. Eric A Yap
Mailing Address: 6082 Castlebury Boulevard
City: Hilliard State: OH Zip Code: 43026
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 481.00
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677040**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Mr. Eric A Yap

Mailing Address 6082 Castlebury Boulevard

City: Hilliard
State: OH
Zip Code: 43026

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 18 / 2015

**Transaction ID : A2015-2828128**

Amount of Each Receipt this Period: 19.00

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Ms. Coleen Zimmerman

Mailing Address 3804 Bohler Road

City: Appling
State: GA
Zip Code: 30802

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1077.02

Date of Receipt: 07 / 03 / 2015

**Transaction ID : A2015-2378946**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Ms. Coleen Zimmerman

Mailing Address 3804 Bohler Road

City: Appling
State: GA
Zip Code: 30802

FEC ID number of contributing federal political committee. C

Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.95

Date of Receipt: 09 / 11 / 2015

**Transaction ID : A2015-2148254**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 172.86

**TOTAL** This Period (last page this line number only) ▶

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial)
Ms. Coleen Zimmerman

Mailing Address 3804 Bohler Road

City: Appling | State: GA | Zip Code: 30802

FEC ID number of contributing federal political committee: C

Name of Employer: Select Medical Corporation

Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1230.88

Date of Receipt: 09 / 25 / 2015

**Transaction ID : A2015-2190546**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**B.** Full Name (Last, First, Middle Initial)
Ms. Coleen Zimmerman

Mailing Address 3804 Bohler Road

City: Appling | State: GA | Zip Code: 30802

FEC ID number of contributing federal political committee: C

Name of Employer: Select Medical Corporation

Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1307.81

Date of Receipt: 10 / 09 / 2015

**Transaction ID : A2015-2291967**

Amount of Each Receipt this Period: 76.93

[ ] Memo Item

**C.** Full Name (Last, First, Middle Initial)
Ms. Coleen Zimmerman

Mailing Address 3804 Bohler Road

City: Appling | State: GA | Zip Code: 30802

FEC ID number of contributing federal political committee: C

Name of Employer: Select Medical Corporation

Occupation: Administrator (Ex)

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1384.74

Date of Receipt: 10 / 23 / 2015

**Transaction ID : A2015-2380211**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Coleen Zimmerman
Mailing Address: 3804 Bohler Road
City: Appling | State: GA | Zip Code: 30802
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1461.67
Date of Receipt: 11 / 06 / 2015
**Transaction ID : A2015-2485439**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Coleen Zimmerman
Mailing Address: 3804 Bohler Road
City: Appling | State: GA | Zip Code: 30802
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1538.60
Date of Receipt: 11 / 20 / 2015
**Transaction ID : A2015-2605805**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial): Ms. Coleen Zimmerman
Mailing Address: 3804 Bohler Road
City: Appling | State: GA | Zip Code: 30802
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1615.53
Date of Receipt: 12 / 04 / 2015
**Transaction ID : A2015-2677041**
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Coleen Zimmerman
Mailing Address: 3804 Bohler Road
City: Appling | State: GA | Zip Code: 30802
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1692.46
Date of Receipt: 12 / 18 / 2015
**Transaction ID : A2015-2828129**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Ms. Coleen Zimmerman
Mailing Address: 3804 Bohler Road
City: Appling | State: GA | Zip Code: 30802
FEC ID number of contributing federal political committee: C
Name of Employer: Select Medical Corporation
Occupation: Administrator (Ex)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1769.39
Date of Receipt: 12 / 31 / 2015
**Transaction ID : A2015-2986354**
Amount of Each Receipt this Period: 76.93
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 153.86

**TOTAL** This Period (last page this line number only) ▶ 136436.56

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (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.** Full Name (Last, First, Middle Initial): Cantor for Congress
Mailing Address: P.O. Box 17813
City: Richmond State: VA Zip Code: 23226
FEC ID number of contributing federal political committee: C C00355461
Name of Employer:
Occupation:
Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 969.96
Date of Receipt: 07 / 23 / 2015
**Transaction ID : A2015-14312**
Amount of Each Receipt this Period: 360.00
☐ Memo Item
Refund of portion of contribution to General Election. Original check dated 1/27/14.

**B.** Full Name (Last, First, Middle Initial): Cantor for Congress
Mailing Address: P.O. Box 17813
City: Richmond State: VA Zip Code: 23226
FEC ID number of contributing federal political committee: C C00355461
Name of Employer:
Occupation:
Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 969.96
Date of Receipt: 07 / 23 / 2015
**Transaction ID : A2015-14313**
Amount of Each Receipt this Period: 609.96
☐ Memo Item
Refund of portion of contribution to General Election. Original check dated 1/27/14.

**C.** Full Name (Last, First, Middle Initial): Bluegrass Committee
Mailing Address: 228 S. Washington St. Ste. 115
City: Alexandria State: VA Zip Code: 22314-5404
FEC ID number of contributing federal political committee: C C00235655
Name of Employer:
Occupation:
Receipt For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
Not Applicable
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt: 11 / 09 / 2015
**Transaction ID : A2015-14455**
Amount of Each Receipt this Period: 2500.00
☐ Memo Item
Refund of 12/10/14 contribution

**SUBTOTAL** of Receipts This Page (optional) ▶ 3469.96

**TOTAL** This Period (last page this line number only) ▶

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (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.**
Full Name (Last, First, Middle Initial): Friends of Joe Pitts
Mailing Address: PO Box 775
City: Unionville State: PA Zip Code: 19375
FEC ID number of contributing federal political committee: C C00310136
Name of Employer:
Occupation:
Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 12 / 14 / 2015
**Transaction ID : A2015-14506**
Amount of Each Receipt this Period: 5000.00
☐ Memo Item
Refund of 6/11/15 contribution.

**B.**
Full Name (Last, First, Middle Initial): Friends of John Boehner
Mailing Address: 7908 Cincinnati Dayton Rd Suite I
City: West Chester State: OH Zip Code: 45069
FEC ID number of contributing federal political committee: C C00237198
Name of Employer:
Occupation:
Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 12 / 14 / 2015
**Transaction ID : A2015-14507**
Amount of Each Receipt this Period: 5000.00
☐ Memo Item
Refund of 4/16/15 contribution.

**C.**
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 10000.00

**TOTAL** This Period (last page this line number only) ▶ 13469.96

# 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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial): Mark Pryor for US Senate
Mailing Address: PO Box 2720
City: Little Rock State: AR Zip Code: 72203
Purpose of Disbursement: Contribution
Candidate Name: Mark Pryor
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: AR District:
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 11 / 30 / 2015
Transaction ID : B536006
Amount of Each Disbursement this Period: -2000.00
☐ Memo Item
Voided: Original check dated 10/09/14

**B.** Full Name (Last, First, Middle Initial): Udall for Colorado
Mailing Address: PO Box 40158
City: Denver State: CO Zip Code: 80204
Purpose of Disbursement: Contribution
Candidate Name: Mark Udall
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: CO District:
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 11 / 30 / 2015
Transaction ID : B536007
Amount of Each Disbursement this Period: -2000.00
☐ Memo Item
Voided: Original check dated 10/09/14

**C.** Full Name (Last, First, Middle Initial): Vern Buchanan for Congress
Mailing Address: P.O. Box 48928
City: Sarasota State: FL Zip Code: 34230
Purpose of Disbursement: Contribution
Candidate Name: Vernon Buchanan
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 16
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 09 / 2015
Transaction ID : B589646
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 1000.00

**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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial): Vern Buchanan for Congress
Mailing Address: P.O. Box 48928
City: Sarasota State: FL Zip Code: 34230
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Vernon Buchanan
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 16
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 12 / 09 / 2015
Transaction ID : B589649
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

**B.** Full Name (Last, First, Middle Initial): Bluegrass Committee
Mailing Address: 220 1/2 E St. NE
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2015 ☐ Primary ☐ General ☒ Other (specify) Not Applicable
Date of Disbursement: 09 / 02 / 2015
Transaction ID : B582427
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

**C.** Full Name (Last, First, Middle Initial): McConnell Senate Committee
Mailing Address: PO Box 1496
City: Louisville State: KY Zip Code: 40201
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Mitch McConnell
Office Sought: ☐ House ☒ Senate ☐ President
State: KY District:
Disbursement For: 2020 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 02 / 2015
Transaction ID : B582425
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 15000.00

**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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial): McConnell Senate Committee
Mailing Address: PO Box 1496
City: Louisville State: KY Zip Code: 40201
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Mitch McConnell
Office Sought: ☐ House ☒ Senate ☐ President
State: KY District:
Disbursement For: 2020 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 02 / 2015
**Transaction ID : B582426**
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

**B.** Full Name (Last, First, Middle Initial): Friends of Kelly Ayotte
Mailing Address: PO Box 937
City: Manchester State: NH Zip Code: 03105
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Kelly Ayotte
Office Sought: ☐ House ☒ Senate ☐ President
State: NH District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 27 / 2015
**Transaction ID : B582039**
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

**C.** Full Name (Last, First, Middle Initial): Friends of Jeanne Shaheen
Mailing Address: 105 N State Street
City: Concord State: NH Zip Code: 03301
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Jeanne Shaheen
Office Sought: ☐ House ☒ Senate ☐ President
State: NH District:
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 11 / 30 / 2015
**Transaction ID : B536003**
Amount of Each Disbursement this Period: -2000.00
☐ Memo Item
Voided: Original check dated 10/09/14

**SUBTOTAL** of Disbursements This Page (optional) ▶ 8000.00

**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)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b



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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial): Cory Booker for Senate
Mailing Address: PO Box 32237
City: Newark State: NJ Zip Code: 07102
Purpose of Disbursement: Contribution
Candidate Name: Cory Booker
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: NJ District:
Disbursement For: 2020 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 07 / 2015
**Transaction ID : B585102**
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

**B.** Full Name (Last, First, Middle Initial): Pascrell for Congress
Mailing Address: PO Box 100
City: Teaneck State: NJ Zip Code: 07666
Purpose of Disbursement: Contribution
Candidate Name: William J Pascrell Jr.
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: NJ District: 09
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 18 / 2015
**Transaction ID : B585731**
Amount of Each Disbursement this Period: 4800.00
☐ Memo Item

**C.** Full Name (Last, First, Middle Initial): Tom Reed For Congress
Mailing Address: PO Box 10847
City: Rochester State: NY Zip Code: 14610
Purpose of Disbursement: Contribution
Candidate Name: Tom Reed
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 23
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 30 / 2015
**Transaction ID : B588670**
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 12300.00

**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)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial): Tom Reed For Congress
Mailing Address: PO Box 10847
City: Rochester State: NY Zip Code: 14610
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Tom Reed
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 23
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 11 / 30 / 2015
**Transaction ID : B588671**
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

**B.** Full Name (Last, First, Middle Initial): Tiberi for Congress
Mailing Address: 2931 E. Dublin Granville Rd. #190
City: Columbus State: OH Zip Code: 43231
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Pat Tiberi
Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 12
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 24 / 2015
**Transaction ID : B581782**
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

**C.** Full Name (Last, First, Middle Initial): Tiberi for Congress
Mailing Address: 2931 E. Dublin Granville Rd. #190
City: Columbus State: OH Zip Code: 43231
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Pat Tiberi
Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 12
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 08 / 24 / 2015
**Transaction ID : B581783**
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 15000.00

**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)
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial): Holding Onto Oregon's Priorities
Mailing Address: PO Box 3314
City: Portland State: OR Zip Code: 97208
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2015 ☐ Primary ☐ General ☒ Other (specify) Not Applicable
Date of Disbursement: M M 10 / D D 15 / Y Y Y Y 2015
**Transaction ID : B585605**
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

**B.** Full Name (Last, First, Middle Initial): Wyden for Senate
Mailing Address: 232 NE 9th Avenue
City: Portland State: OR Zip Code: 97232
Purpose of Disbursement: Contribution
Candidate Name: Ron Wyden
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: OR District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: M M 10 / D D 15 / Y Y Y Y 2015
**Transaction ID : B585604**
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

**C.** Full Name (Last, First, Middle Initial): Ryan Costello for Congress
Mailing Address: PO Box 3154
City: West Chester State: PA Zip Code: 19381
Purpose of Disbursement: Contribution
Candidate Name: Ryan Costello
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 06
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 07 / D D 13 / Y Y Y Y 2015
**Transaction ID : B577921**
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 15000.00

**TOTAL** This Period (last page this line number only) ▶

# SCHEDULE B (FEC Form 3X)
# ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial): Keystone America PAC
Mailing Address: PO Box 58746
City: Philadephia State: PA Zip Code: 19102
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2015 ☐ Primary ☐ General ☒ Other (specify) ▼ Not Applicable
Date of Disbursement: M M 10 / D D 02 / Y Y Y Y 2015
**Transaction ID : B584724**
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

**B.** Full Name (Last, First, Middle Initial): Toomey Victory Committee
Mailing Address: 228 S Washington St Ste 115
City: Alexandria State: VA Zip Code: 22314
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2015 ☐ Primary ☐ General ☒ Other (specify) ▼ Not Applicable
Date of Disbursement: M M 09 / D D 14 / Y Y Y Y 2015
**Transaction ID : B583118**
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

**C.** Full Name (Last, First, Middle Initial): National Republican Senatorial Committee
Mailing Address: 425 2nd St NE
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2015 ☐ Primary ☐ General ☒ Other (specify) ▼ Not Applicable
Date of Disbursement: M M 11 / D D 18 / Y Y Y Y 2015
**Transaction ID : B587942**
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 15000.00

**TOTAL** This Period (last page this line number only) ▶

# SCHEDULE B (FEC Form 3X)
# ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.** Full Name (Last, First, Middle Initial): People for Patty Murray
Mailing Address: PO Box 3662
City: Seattle State: WA Zip Code: 98124
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Patty Murray
Office Sought: ☐ House ☒ Senate ☐ President
State: WA District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 10 / D D 07 / Y Y Y Y 2015
**Transaction ID : B585100**
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

**B.** Full Name (Last, First, Middle Initial): Ron Johnson for Senate Inc.
Mailing Address: 219 E Washington Ave Suite 101
City: Oshkosh State: WI Zip Code: 54901
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Ronald Harold Johnson
Office Sought: ☐ House ☒ Senate ☐ President
State: WI District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 10 / D D 29 / Y Y Y Y 2015
**Transaction ID : B586631**
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

**C.** Full Name (Last, First, Middle Initial): Ron Johnson for Senate Inc.
Mailing Address: 219 E Washington Ave Suite 101
City: Oshkosh State: WI Zip Code: 54901
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Ronald Harold Johnson
Office Sought: ☐ House ☒ Senate ☐ President
State: WI District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: M M 10 / D D 29 / Y Y Y Y 2015
**Transaction ID : B586632**
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 12500.00

**TOTAL** This Period (last page this line number only) ▶ 93800.00

# SCHEDULE B (FEC Form 3X)
# ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

**A.**
Full Name (Last, First, Middle Initial): Bruce Gans
Mailing Address: Six Amherst Rd
City: Chatham State: NJ Zip Code: 07928
Purpose of Disbursement: Refund to Employee
Candidate Name:
Category/Type: 010
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2015 ☐ Primary ☐ General ☒ Other (specify) ▼ Not Applicable
Date of Disbursement: M M 10 / D D 07 / Y Y Y Y 2015
**Transaction ID : B584882**
Amount of Each Disbursement this Period: 346.17
☐ Memo Item

**B.**
Full Name (Last, First, Middle Initial): John F Duggan
Mailing Address: 1764 North Meadow Drive
City: Mechanicsburg State: PA Zip Code: 17055
Purpose of Disbursement: Refund to Employee
Candidate Name:
Category/Type: 010
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☐ Primary ☐ General ☒ Other (specify) ▼ Not Applicable
Date of Disbursement: M M 11 / D D 30 / Y Y Y Y 2015
**Transaction ID : B539849**
Amount of Each Disbursement this Period: -3000.00
☐ Memo Item
Voided: Original check dated 11/24/14

**C.**
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ -2653.83

**TOTAL** This Period (last page this line number only) ▶ -2653.83