

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

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

FOR LINE NUMBER: PAGE 31 OF 477  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

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

Mailing Address 3269 Blue Goose Road

City Nicktown      State PA      Zip Code 15762

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **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)..... ▶