

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

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

FOR LINE NUMBER: PAGE 33 OF 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 State Zip Code
Nicktown PA 15762

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
404.04

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

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 State Zip Code
Nicktown PA 15762

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.28

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

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 State Zip Code
Nicktown PA 15762

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
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)..... ▶