

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

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

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

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

Election on [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 [MM] / [DD] / [YYYY] 07 / 01 / 2013 through [MM] / [DD] / [YYYY] 12 / 31 / 2013

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 01 / 24 / 2014

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

Office Use Only									
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FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Select Medical Corporation PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="101628.39"/>	<input type="text" value="101628.39"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="101628.39"/>	<input type="text" value="101628.39"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="90000.00"/>	<input type="text" value="90000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="11628.39"/>	<input type="text" value="11628.39"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Select Medical Corporation PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	95692.53	95692.53
(ii) Unitemized	5935.86	5935.86
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	101628.39	101628.39
(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)	101628.39	101628.39
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	101628.39	101628.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	101628.39	101628.39

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	90000.00	90000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	90000.00	90000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	90000.00	90000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	101628.39	101628.39
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	101628.39	101628.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. 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 ▼ **230.79**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2013

Transaction ID : A2013-4578354

Amount of Each Receipt this Period
76.93

Full Name (Last, First, Middle Initial)
B. 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 ▼ **230.79**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2013

Transaction ID : A2013-4578355

Amount of Each Receipt this Period
76.93

Full Name (Last, First, Middle Initial)
C. Mr. Mark D Boles

Mailing Address 4140 Newton Avenue Unit #12

City Dallas State TX Zip Code 75219

FEC ID number of 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
M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2013

Transaction ID : A2013-4331345

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional)..... ► **3153.86**

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

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

Form/Schedule: SA11AI
Transaction ID :

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

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 8 OF 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 2261 Turk Road

City State Zip Code
Doylestown PA 18901

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

Name of Employer Occupation
Select Medical Corporation President (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2013
Transaction ID : A2013-452843

Amount of Each Receipt this Period
2000.00

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

Mailing Address 605 Chestnut St.

City State Zip Code
Stirling NJ 07980

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

Name of Employer Occupation
Select Medical Corporation President (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2013
Transaction ID : A2013-4578295

Amount of Each Receipt this Period
115.39

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

Mailing Address 605 Chestnut St.

City State Zip Code
Stirling NJ 07980

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

Name of Employer Occupation
Select Medical Corporation President (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : A2013-4578357

Amount of Each Receipt this Period
115.39

SUBTOTAL of Receipts This Page (optional)..... ▶ 2230.78

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:	PAGE 9 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mr. Thomas Buckingham			Date of Receipt
Mailing Address 1 Chantilly Court			<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : A2013-4578298
Mechanicsburg	PA	17050	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="115.39"/>
Name of Employer	Occupation		
Select Medical Corporation	Executive Vice President (Ex)		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.78"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Thomas Buckingham			Date of Receipt
Mailing Address 1 Chantilly Court			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : A2013-4578360
Mechanicsburg	PA	17050	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="115.39"/>
Name of Employer	Occupation		
Select Medical Corporation	Executive Vice President (Ex)		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="346.17"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Ms. Sonda D Burns			Date of Receipt
Mailing Address 4009 North Shore Drive			<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : A2013-4126590
Akron	OH	44333	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="500.00"/>
Name of Employer	Occupation		
Select Medical Corporation	Administrator (Ex)		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="730.78"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. Michael B Carney

Mailing Address 4672 Estate Drive

City Newburgh State IN Zip Code 47630

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2013
Transaction ID : A2013-4126588

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Russell L Carson

Mailing Address 930 Fifth Avenue

City New York State NY Zip Code 10021

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

Name of Employer Select Medical Corporation Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2013
Transaction ID : A2013-4126584

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. 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 ▼
230.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2013
Transaction ID : A2013-4578299

Amount of Each Receipt this Period
115.39

SUBTOTAL of Receipts This Page (optional)..... ▶ 5615.39

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: PAGE 11 OF 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Marinella Castroman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2971 Stanfield Avenue
 City Orlando State FL Zip Code 32814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : A2013-4578361
 Amount of Each Receipt this Period
 115.39

B. Mr. David S Chernow
 Full Name (Last, First, Middle Initial)
 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
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2013
Transaction ID : A2013-4048761
 Amount of Each Receipt this Period
 5000.00

C. Mr. Jevne R Conover
 Full Name (Last, First, Middle Initial)
 Mailing Address 11896 Lakeshore Drive
 City Grand Haven State MI Zip Code 49417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : A2013-4578363
 Amount of Each Receipt this Period
 76.93

SUBTOTAL of Receipts This Page (optional)..... ▶ 5192.32
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 12 OF 34
(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. Bryan C Cressey

Mailing Address 500 W County Line Rd

City State Zip Code
Barrington IL 60010

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

Name of Employer Occupation
Select Medical Corporation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2013
Transaction ID : A2013-4126585

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. Mr. Fred R Cullen

Mailing Address 564 Fawnhill Drive

City State Zip Code
Langhorne PA 19047

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2013
Transaction ID : A2013-4578302

Amount of Each Receipt this Period
115.39

Full Name (Last, First, Middle Initial)
C. Mr. Fred R Cullen

Mailing Address 564 Fawnhill Drive

City State Zip Code
Langhorne PA 19047

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : A2013-4578364

Amount of Each Receipt this Period
115.39

SUBTOTAL of Receipts This Page (optional)..... ▶ 5230.78

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

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

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

FOR LINE NUMBER: PAGE 13 OF 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. 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 ▼ **230.78**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2013
Transaction ID : A2013-4578303

Amount of Each Receipt this Period
115.39

Full Name (Last, First, Middle Initial)
B. 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 ▼ **346.17**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2013
Transaction ID : A2013-4578365

Amount of Each Receipt this Period
115.39

Full Name (Last, First, Middle Initial)
C. 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 ▼ **230.78**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2013
Transaction ID : A2013-4578305

Amount of Each Receipt this Period
115.39

SUBTOTAL of Receipts This Page (optional)..... ▶ **346.17**

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

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

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

FOR LINE NUMBER: PAGE 14 OF 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Teresa L Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1019 Deerfield Road
 City Richmond State TX Zip Code 77406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : A2013-4578367
 Amount of Each Receipt this Period
 115.39

B. Mrs. Stefanie A Dean
 Full Name (Last, First, Middle Initial)
 Mailing Address 6421 Farmcrest Lane
 City Harrisburg State PA Zip Code 17111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : A2013-4578368
 Amount of Each Receipt this Period
 76.93

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

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 06 / 2013
Transaction ID : A2013-4578308
 Amount of Each Receipt this Period
 115.39

SUBTOTAL of Receipts This Page (optional)..... ▶ 307.71
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 15 OF 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : A2013-4578370
 Amount of Each Receipt this Period
 115.39

B. Jr. James L Dehoff Jr.
 Full Name (Last, First, Middle Initial)
 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 ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 25 / 2013
Transaction ID : A2013-4126587
 Amount of Each Receipt this Period
 3000.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 03 / 2013
Transaction ID : A2013-4094195
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 8115.39
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Donald M Foster
 Full Name (Last, First, Middle Initial)
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2013
Transaction ID : A2013-452842
 Amount of Each Receipt this Period
 500.00

B. Doctor Bruce Gans
 Full Name (Last, First, Middle Initial)
 Mailing Address Six Amherst Road
 City Chatham State NJ Zip Code 07928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Chief Medical Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2013
Transaction ID : A2013-4578313
 Amount of Each Receipt this Period
 115.39

C. Doctor Bruce Gans
 Full Name (Last, First, Middle Initial)
 Mailing Address Six Amherst Road
 City Chatham State NJ Zip Code 07928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Chief Medical Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : A2013-4578375
 Amount of Each Receipt this Period
 115.39

SUBTOTAL of Receipts This Page (optional)..... ▶ 730.78
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: PAGE 17 OF 34
(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. Mrs. Barbara E Hannan

Mailing Address 83 Krattiger Court

City State Zip Code
West Milford NJ 07480

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : A2013-4578377

Amount of Each Receipt this Period
76.93

Full Name (Last, First, Middle Initial)
B. Mr. Martin F Jackson

Mailing Address 116 Ellesmere Lane

City State Zip Code
Mechanicsburg PA 17055

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2013
Transaction ID : A2013-4048762

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. Mr. David F Key

Mailing Address 1286 Brayshore Drive

City State Zip Code
Collierville TN 38017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : A2013-4578379

Amount of Each Receipt this Period
76.93

SUBTOTAL of Receipts This Page (optional)..... ▶ 5153.86

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

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

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

FOR LINE NUMBER: PAGE 18 OF 34
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2013

Transaction ID : A2013-4331343

Amount of Each Receipt this Period
2000.00

Full Name (Last, First, Middle Initial)
B. Ms. Patrice L Komoroski

Mailing Address 65 W Meath Ring

City Weldon Spring	State MO	Zip Code 63304
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

Transaction ID : A2013-4522812

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. 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 ▼ **230.79**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2013

Transaction ID : A2013-4578382

Amount of Each Receipt this Period
76.93

SUBTOTAL of Receipts This Page (optional).....▶	2576.93
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mr. Michael T McGovern		Date of Receipt M M / D D / Y Y Y Y 12 / 06 / 2013 Transaction ID : A2013-4578323
Mailing Address 2452 Club Road		Amount of Each Receipt this Period 115.39
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.78	

Full Name (Last, First, Middle Initial) B. Mr. Michael T McGovern		Date of Receipt M M / D D / Y Y Y Y 12 / 20 / 2013 Transaction ID : A2013-4578385
Mailing Address 2452 Club Road		Amount of Each Receipt this Period 115.39
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.17	

Full Name (Last, First, Middle Initial) C. Mr. Francis P Naselli Jr.		Date of Receipt M M / D D / Y Y Y Y 10 / 25 / 2013 Transaction ID : A2013-4126721
Mailing Address 655 North Heilbron Drive		Amount of Each Receipt this Period 500.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	730.78
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Sharon A Noro
Full Name (Last, First, Middle Initial)
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 ▼ 230.79

Date of Receipt 12 / 20 / 2013
Transaction ID : A2013-4578386
Amount of Each Receipt this Period 76.93

B. Mr. Robert A Ortensio
Full Name (Last, First, Middle Initial)
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 / 03 / 2013
Transaction ID : A2013-4048759
Amount of Each Receipt this Period 5000.00

C. Mr. Rocco A Ortensio
Full Name (Last, First, Middle Initial)
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 / 03 / 2013
Transaction ID : A2013-4048760
Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional).....▶ 10076.93
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mr. Robert A Padalino		Date of Receipt
Mailing Address 1470 Torrey		<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Transaction ID : A2013-4331344
Grosse Pointe Woods	MI	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code 48236	<input type="text" value="5000.00"/>
FEC ID number: <input type="text" value="C"/>	Occupation	
Name of Employer	Regional President (Ex)	
Select Medical Corporation	Aggregate Year-to-Date ▼	
Receipt For:	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Matthew P Pearson		Date of Receipt
Mailing Address 4514 W 72nd Street		<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Transaction ID : A2013-4578325
Prairie Village	KS	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code 66208	<input type="text" value="115.39"/>
FEC ID number: <input type="text" value="C"/>	Occupation	
Name of Employer	Administrator (Ex)	
Select Medical Corporation	Aggregate Year-to-Date ▼	
Receipt For:	<input type="text" value="230.78"/>	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Matthew P Pearson		Date of Receipt
Mailing Address 4514 W 72nd Street		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Transaction ID : A2013-4578387
Prairie Village	KS	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code 66208	<input type="text" value="115.39"/>
FEC ID number: <input type="text" value="C"/>	Occupation	
Name of Employer	Administrator (Ex)	
Select Medical Corporation	Aggregate Year-to-Date ▼	
Receipt For:	<input type="text" value="346.17"/>	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5230.78"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 381 Longwood Drive

City Meridian State MS Zip Code 39305

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.79**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2013

Transaction ID : A2013-4578392

Amount of Each Receipt this Period
76.93

B. Mrs. Patricia A Rice
Full Name (Last, First, Middle Initial)

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
 M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2013

Transaction ID : A2013-4048763

Amount of Each Receipt this Period
5000.00

C. Mr. James H Rogers
Full Name (Last, First, Middle Initial)

Mailing Address 106 Queens Retreat

City Savannah State GA Zip Code 31419

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.79**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2013

Transaction ID : A2013-4578394

Amount of Each Receipt this Period
76.93

SUBTOTAL of Receipts This Page (optional).....▶	5153.86
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Scott A Romberger
 Full Name (Last, First, Middle Initial)
 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
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2013
Transaction ID : A2013-4048767
 Amount of Each Receipt this Period
 5000.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : A2013-4578395
 Amount of Each Receipt this Period
 76.93

C. Mr. Jeffrey J Ruskan
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 Beechwood Drive
 City Richmond State VA Zip Code 23229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : A2013-4578396
 Amount of Each Receipt this Period
 76.93

SUBTOTAL of Receipts This Page (optional).....▶	5153.86
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. John A Saich
Full Name (Last, First, Middle Initial)

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
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2013
Transaction ID : A2013-4048764

Amount of Each Receipt this Period
 5000.00

B. Mrs. Vanda L Scott
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 70009

City Knoxville State TN Zip Code 37938

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2013
Transaction ID : A2013-4331346

Amount of Each Receipt this Period
 1000.00

C. Ms. Kelly Silberschlag
Full Name (Last, First, Middle Initial)

Mailing Address 16356 N Thompson Peak Parkway #114

City Scottsdale State AZ Zip Code 85260

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2013
Transaction ID : A2013-4522811

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	6500.00
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: PAGE 25 OF 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 2524 Matterhorn Ln

City State Zip Code
Flower Mound TX 75022-7879

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.79

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2013
Transaction ID : A2013-4578398

Amount of Each Receipt this Period
76.93

Full Name (Last, First, Middle Initial)
B. Mr. Edward T Stinson

Mailing Address 6 Missionary Drive

City State Zip Code
Brentwood TN 37027

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2013
Transaction ID : A2013-4126586

Amount of Each Receipt this Period
3000.00

Full Name (Last, First, Middle Initial)
C. Leopold Swergold

Mailing Address 2800 Island Blvd Apt 1405

City State Zip Code
Aventura FL 33160

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

Name of Employer Occupation
Select Medical Corporation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2013
Transaction ID : A2013-4094194

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **8076.93**

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

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

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

FOR LINE NUMBER: PAGE 26 OF 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. James J Talalai

Mailing Address 1919 Monterey Drive

City State Zip Code
Mechanicsburg PA 17050

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2013
Transaction ID : A2013-4048766

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. Mr. Michael E Tarvin

Mailing Address 117 Willow Lake Drive

City State Zip Code
Carlisle PA 17015-9164

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2013
Transaction ID : A2013-4048768

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. Ms. Linda M Tiemens

Mailing Address 1558 South Fern Place

City State Zip Code
Broken Arrow OK 74012

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : A2013-4578404

Amount of Each Receipt this Period
76.93

SUBTOTAL of Receipts This Page (optional)..... ▶ 10076.93

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Timothy C Wadman
Full Name (Last, First, Middle Initial)

Mailing Address 204 Babbling Brook Drive

City Saint Charles State MO Zip Code 63303

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.79**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2013			

Transaction ID : A2013-4578405

Amount of Each Receipt this Period

76.93

B. Mr. William E Walters
Full Name (Last, First, Middle Initial)

Mailing Address 7107 Matthew Mills Road

City Mclean State VA Zip Code 22101

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

M	M	/	D	D	/	Y	Y	Y	Y
09			01			2013			

Transaction ID : A2013-3871859

Amount of Each Receipt this Period

5000.00

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

Mailing Address 9670 Rod Road

City Alpharetta State GA Zip Code 30022

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.78**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2013			

Transaction ID : A2013-4578347

Amount of Each Receipt this Period

115.39

SUBTOTAL of Receipts This Page (optional).....▶	5192.32
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 28 OF 34
(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)
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 ▼ **346.17**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : A2013-4578409

Amount of Each Receipt this Period
115.39

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	115.39
TOTAL This Period (last page this line number only).....▶	95692.53

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)

A. Bill Nelson for Senate

Mailing Address 1516 East Colonial Drive Suite 101

City Orlando State FL Zip Code 32803

Purpose of Disbursement
Contribution

011

Candidate Name

Bill Nelson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District:

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2013

Transaction ID : B483119

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

B. Bill Nelson for U S Senate

Mailing Address 972 W Whitmire Drive

City Mebourne State FL Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Bill Nelson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District:

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2013

Transaction ID : B483120

Amount of Each Disbursement this Period

2400.00

Full Name (Last, First, Middle Initial)

C. Preserving America's Traditions (PATPAC)

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2013

Transaction ID : B482682

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)

A. Pat Roberts for U S Senate Inc

Mailing Address PO Box 433

City State Zip Code
Great Bend KS 67530

Purpose of Disbursement
Contribution

011

Candidate Name
Pat Roberts

Category/
Type

Office Sought: House
 Senate
 President
State: KS District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2013

Transaction ID : **B485276**

Amount of Each Disbursement this Period

2400.00

Full Name (Last, First, Middle Initial)

B. Pat Roberts for U S Senate Inc

Mailing Address PO Box 1495

City State Zip Code
Topeka KS 66601

Purpose of Disbursement
Contribution

011

Candidate Name
Pat Roberts

Category/
Type

Office Sought: House
 Senate
 President
State: KS District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2013

Transaction ID : **B482683**

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

C. Searchlight Leadership Fund

Mailing Address 700 13th Street NW #600

City State Zip Code
Washington DC 20005

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2013

Transaction ID : **B475970**

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)

A. Friends for Harry Reid

Mailing Address P.O. Box 19163

City Las Vegas State NV Zip Code 89132

Purpose of Disbursement
Contribution

011

Candidate Name
Harry Reid

Category/
Type

Office Sought: House
 Senate
 President
State: NV District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2013

Transaction ID : B475964

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

B. Friends for Harry Reid

Mailing Address P.O. Box 19163

City Las Vegas State NV Zip Code 89132

Purpose of Disbursement
Contribution

011

Candidate Name
Harry Reid

Category/
Type

Office Sought: House
 Senate
 President
State: NV District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2013

Transaction ID : B475965

Amount of Each Disbursement this Period

2400.00

Full Name (Last, First, Middle Initial)

C. Boehner for Speaker

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2013

Transaction ID : B483115

Amount of Each Disbursement this Period

35000.00

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

40000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)

A. Friends of Pat Toomey

Mailing Address 2720 Jordan Road

City Orefield State PA Zip Code 18069

Purpose of Disbursement
Contribution

011

Candidate Name
Pat Toomey

Category/
Type

Office Sought: House
 Senate
 President
State: PA District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	1	3

Transaction ID : B474944

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Friends of Pat Toomey

Mailing Address 2720 Jordan Road

City Orefield State PA Zip Code 18069

Purpose of Disbursement
Contribution

011

Candidate Name
Pat Toomey

Category/
Type

Office Sought: House
 Senate
 President
State: PA District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

Transaction ID : B475979

Amount of Each Disbursement this Period

2	4	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Friends of Pat Toomey

Mailing Address 2720 Jordan Road

City Orefield State PA Zip Code 18069

Purpose of Disbursement
Contribution

011

Candidate Name
Pat Toomey

Category/
Type

Office Sought: House
 Senate
 President
State: PA District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

Transaction ID : B475967

Amount of Each Disbursement this Period

1	6	0	0	0	0	0	0	0	0

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

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

5	0	0	0	0	0	0	0	0	0

5	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)

A. Making America Prosperous PAC

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2013

Transaction ID : B475978

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Brady for Congress

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Kevin P Brady

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2013

Transaction ID : B475962

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

C. Brady for Congress

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Kevin P Brady

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2013

Transaction ID : B475963

Amount of Each Disbursement this Period

2400.00

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)

A. Cantor for Congress

Mailing Address P.O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement
Contribution

011

Candidate Name
Eric I Cantor

Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2013

Transaction ID : B483116

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

B. Cantor for Congress

Mailing Address P.O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement
Contribution

011

Candidate Name
Eric I Cantor

Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2013

Transaction ID : B483118

Amount of Each Disbursement this Period

2400.00

Full Name (Last, First, Middle Initial)

C. Cantor Victory Fund

Mailing Address 25 E. Main Street

City Richmond State VA Zip Code 23219

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2013

Transaction ID : B483325

Amount of Each Disbursement this Period

10000.00

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

15000.00

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

90000.00