

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Select Medical Corporation PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

Election on / / in the State of

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

Election on / / in the State of

5. Covering Period / / through / /

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

Walters, William, , ,

Type or Print Name of Treasurer

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

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Select Medical Corporation PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="121630.99"/>	<input type="text" value="121630.99"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="28280.21"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="86368.90"/>	<input type="text" value="182956.63"/>
(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="114649.11"/>	<input type="text" value="304587.62"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="33500.00"/>	<input type="text" value="223438.51"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="81149.11"/>	<input type="text" value="81149.11"/>
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

Write or Type Committee Name

Select Medical Corporation PAC

Report Covering the Period: From: MM / DD / YYYY 07 / 21 / 2016 To: MM / DD / YYYY 09 / 30 / 2016

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).....	86176.50	164239.42
(ii) Unitemized	192.40	18717.21
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	86368.90	182956.63
(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)	86368.90	182956.63
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)).....▶	86368.90	182956.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	86368.90	182956.63

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28000.00	217900.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	38.51
(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	38.51
29. Other Disbursements (Including Non-Federal Donations).....	5500.00	5500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	33500.00	223438.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33500.00	223438.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	86368.90	182956.63
34. Total Contribution Refunds (from Line 28(d))	0.00	38.51
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	86368.90	182918.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 172
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Alverzo, Joan, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Select Medical Corporation Occupation (for Individual) Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt **07 / 29 / 2016**
Transaction ID : A2016-1394421
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Alverzo, Joan, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Select Medical Corporation Occupation (for Individual) Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt **08 / 12 / 2016**
Transaction ID : A2016-1593957
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Alverzo, Joan, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Select Medical Corporation Occupation (for Individual) Vice President (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt **08 / 26 / 2016**
Transaction ID : A2016-1612860
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Form/Schedule: SA11AI
Transaction ID :

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

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 172
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

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 (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President (Ex)
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2016

Transaction ID : A2016-1736518

Amount of Each Receipt this Period
115.39

Memo Item

B. Alverzo, Joan, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President (Ex)
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2192.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2016

Transaction ID : A2016-1838056

Amount of Each Receipt this Period
115.39

Memo Item

C. Anthony, Sharon, L, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Select Medical Corporation	Occupation (for Individual) 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
09	/	20	/	2016

Transaction ID : A2016-1796606

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1230.78
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 9 OF 172
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

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 (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Clinical Services
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

Transaction ID : A2016-1377492

Amount of Each Receipt this Period
19.24

Memo Item

B. Beckett, Kathy, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Clinical Services
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : A2016-1483886

Amount of Each Receipt this Period
19.24

Memo Item

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

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 (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Clinical Services
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

Transaction ID : A2016-1593950

Amount of Each Receipt this Period
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 172
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Beckett, Kathy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Clinical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt 09 / 02 / 2016
Transaction ID : A2016-1643330
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Beckett, Kathy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Clinical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt 09 / 16 / 2016
Transaction ID : A2016-1736473
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Beckett, Kathy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Clinical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 09 / 30 / 2016
Transaction ID : A2016-1892256
 Amount of Each Receipt this Period 19.24
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 172
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bein, Robert, J, Mr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2016
Mailing Address 545 Mud College Road		Transaction ID : A2016-1394422
City Littlestown	State PA	Zip Code 17340
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.93
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President (Ex)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.95	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bein, Robert, J, Mr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 12 / 2016
Mailing Address 545 Mud College Road		Transaction ID : A2016-1593958
City Littlestown	State PA	Zip Code 17340
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.93
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President (Ex)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1230.88	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bein, Robert, J, Mr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 26 / 2016
Mailing Address 545 Mud College Road		Transaction ID : A2016-1612874
City Littlestown	State PA	Zip Code 17340
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.93
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President (Ex)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1307.81	

SUBTOTAL of Receipts This Page (optional).....▶	230.79
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 172
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Bein, Robert, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Select Medical Corporation Occupation (for Individual) Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1384.74

Date of Receipt 09 / 09 / 2016
Transaction ID : A2016-1736532
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Bein, Robert, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Select Medical Corporation Occupation (for Individual) Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1461.67

Date of Receipt 09 / 23 / 2016
Transaction ID : A2016-1838010
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Bencomo, Dionisio, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2851 SW 137 Court
 City Miami State FL Zip Code 33175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 29 / 2016
Transaction ID : A2016-1394423
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 173.10
TOTAL This Period (last page this line 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 172
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Bencomo, Dionisio, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2851 SW 137 Court
 City Miami State FL Zip Code 33175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt 08 / 12 / 2016
Transaction ID : A2016-1593959
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Bencomo, Dionisio, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2851 SW 137 Court
 City Miami State FL Zip Code 33175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt 08 / 26 / 2016
Transaction ID : A2016-1612853
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Bencomo, Dionisio, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2851 SW 137 Court
 City Miami State FL Zip Code 33175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt 09 / 09 / 2016
Transaction ID : A2016-1736511
 Amount of Each Receipt this Period 19.24
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 172
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Bencomo, Dionisio, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2851 SW 137 Court
 City Miami State FL Zip Code 33175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt 09 / 23 / 2016
Transaction ID : A2016-1838092
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Berkstresser, Joedy, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4714 Gettysburg Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President, Information Systems
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.95

Date of Receipt 07 / 29 / 2016
Transaction ID : A2016-1394498
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Berkstresser, Joedy, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4714 Gettysburg Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President, Information Systems
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1230.88

Date of Receipt 08 / 12 / 2016
Transaction ID : A2016-1594034
 Amount of Each Receipt this Period 76.93
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	173.10
TOTAL This Period (last page this line 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 172
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Berkstresser, Joedy, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4714 Gettysburg Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President, Information Systems
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1307.81

Date of Receipt 08 / 26 / 2016
Transaction ID : A2016-1612905
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Berkstresser, Joedy, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4714 Gettysburg Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President, Information Systems
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1384.74

Date of Receipt 09 / 09 / 2016
Transaction ID : A2016-1736562
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Berkstresser, Joedy, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4714 Gettysburg Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President, Information Systems
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1461.67

Date of Receipt 09 / 23 / 2016
Transaction ID : A2016-1838039
 Amount of Each Receipt this Period 76.93
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.79
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 16 OF 172
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Blake, Kelly, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 29 / 2016
Transaction ID : A2016-1394424
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Blake, Kelly, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt 08 / 12 / 2016
Transaction ID : A2016-1593960
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Blake, Kelly, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt 08 / 26 / 2016
Transaction ID : A2016-1612879
 Amount of Each Receipt this Period 19.24
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 172
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Blake, Kelly, L, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator (Ex)
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2016

Transaction ID : A2016-1736537

Amount of Each Receipt this Period

19.24

 Memo Item

B. Blake, Kelly, L, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator (Ex)
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

Transaction ID : A2016-1838015

Amount of Each Receipt this Period

19.24

 Memo Item

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

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 (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator (Ex)
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
288.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

Transaction ID : A2016-1394425

Amount of Each Receipt this Period

19.24

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 172
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Boggs, Michael, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt 08 / 12 / 2016
Transaction ID : A2016-1593961
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Boggs, Michael, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt 08 / 26 / 2016
Transaction ID : A2016-1612885
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Bolcavage, Theodore, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Select Medical Corporation Occupation (for Individual) Vice President (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1153.95

Date of Receipt 07 / 29 / 2016
Transaction ID : A2016-1394426
 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).....	