

**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	

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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
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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
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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
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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
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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
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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
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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).....▶	